

Abstracts

161 HER WAY: YOUNG AMERICAN WOMEN REMAKE THE SEXUAL REVOLUTION, Paula Kamen, United States. paulak2289@aol.com.

President Clinton, as everyone knows, was hardly naive about the ways of women. But yet, he met more than his match in the form of 21-year old intern Monica Lewinsky, whose ambition and audacity he critically underestimated. A few months before their relationship became public, a puzzled Clinton even admitted to her, "If I had known what kind of a person you really were, I wouldn't have gotten involved with you." But the knowledge that Clinton was more fundamentally lacking was insight into Lewinsky's generation. Most critically, Clinton, failed to understand today's young women. To explain Monica Lewinsky, one has to explain Lewinsky's demographic group, which plays by a different set of sexual rules. Lewinsky is part of a new breed of women, born during and shaped by the fomenting sexual revolution, women's movement, and new educational and career opportunities. Sharing more of men's power, sense of entitlement and social clout, members of this generation generally feel more comfortable than past generations in aggressively, openly and unapologetically pursuing their own interests in sexual relationships. The Starr Report revealed as much about Lewinsky's generation as about her own character. One of its most gripping revelations was that Lewinsky was no victimized schoolgirl; she even initiated the affair, as well as many of the "sexual encounters" between her and the president. Engaging in traditionally male locker-room talk, she bragged about her conquest to at least 10 friends. While I do not glamorize Monica Lewinsky and recognize that much progress is left to be made, it is important to recognize and document young American women's behind-the-scenes real strides in seeking pleasure and sexual empowerment. Like my journalistic book *Her Way: Young Women Remake the Sexual Revolution* (NYU Press, 2000; Broadway Books, 2002), this paper relies on original interviews with a great diversity of 75 women aged 18–34, observations from popular culture, and, most importantly, a rigorous synthesis of often overlooked national research and data on young women. I directly compare statistics from the 1953 Kinsey report with figures from sources such as the University of Chicago's 1994 National Health and Social Life Survey and the most recent government National Survey of Family Growth

(the principal and best source of detailed nationally representative information on women's sexual and contraceptive behavior). In summary, I discuss and document two major shifts since the 1970s that characterize this sexual evolution, which sets continuing sexual patterns for the future: As they gain more traditionally male power, young women's sexual profiles are becoming remarkably similar to men's in terms of age of first intercourse and number of sex partners and casual encounters. Now that women share more male values, they are also more sexually aggressive, feel less guilt and shame, and are defiantly open about their behavior, from having a child out of marriage to coming out of the closet to cohabiting. This profile describes young American women in general, with the greatest changes taking place in the past 20 years among the white, middle-class and educated. (Examples of public figures representing this shift to act more "male," for better and for worse, are Monica Lewinsky and the characters of the HBO program, "Sex and the City")

162 ADOLESCENT ASSUMING THEIR SEXUALITY, Mabel Ines Reiter Neumann, Paraguay. mabelr@rieder.net.py.

The high rate of pregnancy in adolescent girls is the starting point of a workshop project on sexuality to be carried out in rural areas near Asunción. In recognition of the fact that this is a symptom, though not the only one, which lack of information about sexuality gives rise to, the workshop proposes to work with adolescents in order to enable them to develop a sense of ownership about their own bodies and accept both the responsibility and pleasure that this gives. Parental care about the sexually awakening bodies of their children often expresses itself in prohibitions and distrust, which make it difficult for adolescents to relate to their own bodies without offending their family. Thus, the adolescent remains trapped in a circle of rebellion and guilt when it comes to dealing with this body which arouses so many feelings, promises pleasure and is full of curiosity. In order to shape their own identity, adolescents need to get to know their body without fear and secrecy. They need to have full access to information to be able to destroy myths and taboos, and, above all, they need to take possession of their own body. The workshop breaks with traditional education and its emphasis on biological and physiological facts to create a space where adolescents can ask themselves and others about this sexuality which is part of their lives and which they recognize as a source of pleasure and satisfaction. The workshop is intended for young people, parents and teachers, and it aims at generating multipliers capable of transmitting the experience of the workshop to their peers, thereby acknowledging the fact that the best way to reach adolescents, especially in this area, is through their peers. The work with parents and teachers is focused on breaking out of the frame of reference habitually used to refer to this subject,

so that the participants may allow themselves and the group to speak more freely about sexuality.

163 THE SEXUAL EXPERIENCE DOMINATED BY THE AMOROUS DRIVES, Marie Paul Ross, Canada. mp.ross@excite.com.

The amorous drives have a privileged role in the human sexual experience. They often are confused with love and fidelity in the sexual gift. It is important to succeed in better identifying the elements specific to these emotional states of mind, which imply all the factors influencing the human sexual behavior. A better understanding of the psychology of amorous drives gives to the individual a base tool which allows him to treat better these states of mind that, while being powerful, lead easily to confusing the relationship with the other. The caregiver himself is often grappling with transferencial conflicting reactions without knowing how to act or how to offer an appropriate intervention. During the presentation, we will give relevant information to the participants helping them understand and treat better passionate emotional state of mind.

164 THE ROLE OF SPIRITUALITY IN SEXUAL EXPERIENCE Marie Paul Ross, Canada. mp.ross@excite.com.

Is the spirituality a component of the sexual experience? For years, the spiritual aspect was considered as being opposed to pleasure and to sexual well-being. Its role was more to suppress sexual desire and to condemn its pleasant effects. In this day and age, the spiritual aspect is more and more excluded, forgotten and treated as if it was out of fashion. We can ask ourselves in what way the spirituality influences the sexual experience and how to take that into account in clinical intervention. Following a doctoral investigation, which goal was to understand better the sexual experience in its whole, we will put forward a new proposition bringing out the role of spirituality and affectivity in reaching sexual satisfaction. The term spiritual, far from being taken in the religious sense, refers itself to a life force present in each human being. At the end of the meeting, the participants will have done some thinking on the influence of the spiritual experience in reaching sexual satisfaction.

165 NEW MODEL OF GLOBAL INTERVENTION IN SEXOLOGY (MIGS), Marie Paul Ross, Canada. mp.ross@excite.com.

After devoting some time on the variety of models dealing with sexologic intervention, we were particularly concerned with the propositions which were identifying the erotic and spiritual aspects as antagonists, and also with the restrictive and even hedonist meaning given to the affective dimension. It seemed urgent

to expound a proposition which global intervention in sexology incites the integration of the elements marking the whole sexual experience and favouring an harmonious sexual development. Through a doctoral investigation, we therefore elaborated a model of global intervention in clinical sexology (MIGS). We then elaborated and applied the program corresponding to this model and we conducted a descriptive analysis of the model effect. The results gathering and analysis allowed us to see that the MIGS favors a very significant awareness of sexual problems. Moreover, this intervention model helps personal growth, affective maturity achieving and a more harmonious sexual development. During the investigation, we resorted to clinic observation. We noticed that the human sexual experience involves elements that allow us to analyze and to understand the characteristics peculiar to the process of sexualization and to human sexual problems. We put forward a tool that we hope will help define better the whole sexologic problems.

166 THE CHALLENGE OF AN APPROPRIATE SEXUAL INTERVENTION WITH TEENAGERS, Marie Paul Ross, Canada. mp.ross@excite.com.

The identification of the needs in sexual education and the acknowledgment of teenagers sexologic problems requires, from the educator and the therapist, a special skill and a specific professional competence. Further to meetings with teenagers from 12 to 20 years of age, we carried out an analysis of the needs linked to the sexual real-life experience of individuals within this group of age. At the time of the discussion, we will put forward a model of intervention which was developed from listening to the youngs suffering and needs, often expressed in personal and social behavior and uneasiness. The teenager, looking for love and anxious to individualize himself, needs to give a meaning to his life and to his sexuality. The orientations received from adults often prevent him from elaborating his own reflexion and from establishing his own criteria of sexuality. His often-painful sexual experiences bring him to adopt defensive behaviors that are far from true to his desires and to his aspirations. The time has come to offer to young people an intervention that is more true to their needs and their rights. At the end of the communication, the participants will be asked questions about the teenagers rights to receive an appropriate intervention from adults and professionals who advise them and accompany them in their process of sexualization.

167 THE EFFICACY OF APOMORPHINE AND SILDENAFIL BASED ON THE UNDERLYING PATHOLOGY AND PENILE DOPPLER ASSESSMENT, Petros Perimenis, Greece. perimenis@internet.gr; spanopoulou.everest@galileo.gr.

Objective: To compare the efficacy of Apomorphine and Sildenafil in men with clinically established erectile dysfunction (ED). Methods: This study included

50 men (group 1) with evidence of arteriogenic ED (velocity <25 cm/sec in penile Doppler) and 40 men (group 2) with coronary artery disease and/or hypertension and/or dyslipidaemia and normal penile Doppler (velocity >25 cm/sec). They started on Apomorphine 2 mg or Sildenafil 50 mg, the doses titrated up to 3 and 100 mg respectively if necessary. After 1-week wash-out period each group switched to the other treatment mode. Efficacy was the percentage of attempts resulting in erections firm enough for intercourse, based on event log data. Results: The overall success rate of Apomorphine in group 1 was 34.2%, compared to 61.9% of Sildenafil (Pearson chi-square, $p < 0.01$) while the success rates in group 2 were 71.4% and 73.1% respectively ($p > 0.05$). Conclusions: Sildenafil was more effective at 50 or 100 mg than Apomorphine 3 mg for the treatment of arteriogenic ED. In men with normal penile Doppler the two drugs were equally effective independently of the co-morbidities. Thus they may be subscribed as first line options for the treatment of ED in such individuals.

168 CONDOMING CAMPAIGN: SEXUAL HEALTH PROMOTION FOR YOUTH IN JAPAN, Chizuko Ikegami, Japan. ikegami@ptokyo.com.

Condom has been a major method of contraception in Japan. Total domestic sales of condom in Japan, however, have been decreased since 1980, when HIV attacked our society. Eventually, we face steady increase in teenage abortion and STIs in Japan especially after 1996. We reviewed HIV prevention materials and media message on sexuality and love for youth for the last 5 years and found out serious misunderstandings on contraception and prevention, which discourage condom use among young. Based on this research we started CONDOMing Campaign and peer education program in 2001. The purpose of this campaign is to separate sexual health issue and love, to support continuous use of condom. This campaign is a product of collaboration of Go, NGO and private sectors and our research was funded by the Japanese Ministry of Health, Labor and Welfare.

169 HOMOSEXUALITY: AN UNFINISHED DISCUSSION, Rene Flores Agreda, Peru. rflores@terra.com.pe.

Homosexuality has captivated the interest of sexology since it was denominated with this name in the middle of the nineteenth century. The discussion on this issue has been arduous and passionate but regrettably has finished in a dialogue of the deafs. Sexuality arises ideological positions, that although legitimate obstruct a serene and rigorous exam. Today, knowledge in homosexuality and other relationship (as sexual identity, sexual role, paraphilias) is unfinished. The symposium has the objective to address the homosexual problem from several points. This event will have the following sections: 1) Introduction, 2) Theories

on etiology, 3) Epidemiology, 4) Clinical features and evolution, 5) Therapeutic options.

170 SEXUAL BEHAVIOURS IN DRUG-ADDICTED POPULATIONS, Leonard Krivitsky, United States. lkrivitsky@NPHS.com.

The purpose of this presentation is to show the peculiar pattern of sexual behaviors in drug-addicted populations, including heroin addicts and the influence of the comprehensive treatment program, including Methadone maintenance, on changing such behaviors. In general, the whole life of an addict revolves around obtaining and consuming drugs to which they are addicted. This, of course, includes sexual behavior as well. Many of our patients in North Philadelphia Health System have a life-long behavioral patterns of psychological trauma, neglect and abuse in childhood, complete lack of self-esteem, depression and sexual promiscuity. For these people sex, like almost everything else in their lives, is secondary and subservient to obtaining and use of drugs (Heroin, Cocaine and others). Therefore, for the large proportion of these people sex is not as much a pleasure as it is business with the final aim of obtaining drugs either as a direct exchange or for the money paid for sexual favors. In acting in such a way, the addicts frequently do not care about the physical appearance, health status or gender of their partners. Of course, such behaviors lead to spread of HIV and other sexually transmitted diseases. In our comprehensive treatment program, which includes Methadone maintenance for Heroin addicts, we teach our patients improved coping skills, self-esteem, responsibility and, of course, the principles of safe sex. We see very clearly how, as a result of these treatment approaches, the previously hopelessly lost people start living productive lives, caring about themselves, their loved ones, their families and their sex lives.

171 SEX EDUCATION IN AMERICA: JUST SAY NO UNTIL YOU'RE MARRIED!, Barbara Huberman, United States. barbarah@advocatesforyouth.org.

This workshop will focus on the debate in America over what kind of Sex Education children & youth receive. The federal sex education policy provides over \$100,000,000 each year for programs that are directive and encompass limited information other than 'no sex until you're married' and the failure rates of condoms. Advocates of comprehensive sexuality education, including over 80 sexual health organizations, educators, religious groups, advocacy groups and over 80 Congressional members have supported a new federal bill to fund more inclusive and uncensored programs. An analysis of the current state of sex education in America will be explored. A video which describes both types will be utilized.

172 TEEN SEX; MEDIA & MESSAGES: CHANGING THE PARADIGM IN THE USA, Barbara Huberman, United States. barbarah@advocatesforyouth.org.

Using a variety of television media examples, the differences between the USA and 3 western European countries will be explored. Based on the more positive, healthy & realistic messages observed in these European countries, a new national campaign- Rights. Respect. Responsibility. will be discussed and examples of impact of the campaign after 3 years will be offered.

173 PARENTS AS PARTNERS IN SEX EDUCATION, Barbara Huberman, United States. barbarah@advocatesforyouth.org.

Parents and other caregivers are one of a child's primary sexuality educators, yet most are uncomfortable, afraid that they don't know how, what and when to talk about sex and expect the school to do it for them. This workshop will explore basic concepts of positive, healthy communication, offers resources and program examples of parent-child sexuality activities and gives participants an opportunity to experience some of these activities.

174 CODEPENDENCY LIKE DISFUNCIONAL RELACIONSHIP OF THE COUPLE, Gilmar William Guevara Ortega, Peru. guevarawill@hotmail.com.

It has been carried out a work in the communities terapiutica of Metropolitan Lima in family of drogadependientes where has been able to characterize the Codependencia like a disfucisn relacional that involves ginero problems, since is the women in its mayorma who they generate this type of behavior relacional. The study demonstrates the high autoeficacia level that characterizes to this poblacism studied. You Uses the questionnaire a Codependencia (Guevara) Scale of general Autoeficacia of Barber & Schwarser Among the main discoveries it is found that a relacism significactiva exists and direct among the autoeficacia levels and the codependencia. It is a level bigger than codependenciu in women. The Instrument presented to evaluate Codependencia been been worth and that taking advantage of my stay in The Haban, tratari of applying it over there.

175 INTENTION OF USING CONDOMS IN TEENAGERS, Gabriela Velásquez O, México. gabyps2002@hotmail.com.

According to the Theory of Planned Behavior (TPB), some predictors about the intention of using condom in teenagers were identified. Among them: the knowledge of correct use of the condom, the perception of self efficacy for its employment, subjective norm, the attitude towards its use, sexual experience, and gender of subjects. 919 high school and superior students between 14 and 18 years old participated. The results showed that none of the variables proposed

by the TPB influenced on the intention of using condom. Unexpectedly, two of the demographic variables “sex” and “sexual experience” showed a clear relation and influence on the intention of using condom. The intention of using condom was major when the teenagers did not have sexual experience and diminished when the teenagers had had sexual relations. Also it was observed that the female teenagers in comparison with male teenagers, proportionally, demonstrated the double of times of the intention of using of using condom in a consistent way. Likewise, males proportionally, had two times more than the females, lack of intention of using condom. Besides, it was found that women without sexual experience have poor information ($x = 7.07$) and minimal perception of autoefficacy ($x = 32.29$), and women with sexual experience have better marks in information ($x = 9.02$) in comparison with all sample, and a more solid perception of autoefficacy ($x = 37.54$), even over the masculine average ($x = 37.08$). The teenager women, independently of the quantity of information they had, of their perception of autoefficacy for using condoms, clearly demonstrated the decision of using condom in a consistent way. It was discussed the application of these results in educational campaigns.

176 A PSYCHOLOGICAL RESEARCH BASED MODEL FOR SEXUAL DYSFUNCTIONS, Pedro Nobre, Portugal. pedronobre@teleweb.pt.

Cognitive models had recently been presented as theoretical references for understanding the processes involved in sexual dysfunction. In fact, studies about cognitive factors such as: cognitive distraction (G. Beck, Barlow, Sakheim & Abramson, 1987; Dove & Wiederman, 2000; Elliot & O'Donohue, 1997) efficacy expectancies (Bach, Brown & Barlow, 1999; Creti & Libman, 1989; Palace, 1995) causal attributions (Fichter, Spector & Libman, 1988; Weisberg, Brown, Wincze & Barlow, 2001) and perfectionism (DiBartolo & Barlow, 1996) showed that these cognitive variables are highly associated with sexual functioning. Besides this growing body of research studies, some authors have also emphasized the importance of cognitive-affective factors on human sexual response (Hawton, 1985, 1989; McCarthy, 1989, 1992; Zilbergeld, 1992; Carey, Wincze & Meisler, 1993; Baker, 1993; Rosen, Leiblum & Spector, 1994; Sbrocco & Barlow, 1996, 1997; Andersen, Cyranowski & Espindle, 1999), developing new conceptual models and therapeutic techniques based on this perspective. However, despite this growing interest we think that there is a lack of synthesis-building work that could be used for theoretical reference in this area. The several studies mentioned focus their attention on particular aspects of the cognitive and emotional influence on sexual function, but do not develop a consistent and holistic empirically based theory of sexual dysfunction. Our purpose is to forge ahead in that direction, trying to remedy that shortcoming by applying cognitive theory to the field of sexual dysfunction. In particular Beck's cognitive

model, due to its eminent heuristic value, has led to a better understanding of the cognitive processes involved in a large spectrum of psychopathological situations, and we think it applies also to sexual disorders. Of particular interest is the later development of Beck's theoretical thinking (modes model) in which we find an integration of cognitive, affective, motivational and behavioral systems (Beck, 1996)

177 SYMPOSIA “EROTISM, LOVE AND TENDERNESS,” Michel Meignant, France. meignant@wanadoo.fr.

Love is more important than sex. “Amourologie” is a methode to develop the capacity to love and to be loved. The way used is to pass by tenderness.

178 AMOUROLOGIE PRINCIPLES, Michel Meignant, France. meignant@wanadoo.fr.

“Amourologie” is a method that can be summed in one single word: HOPE. It is a “multifactorial” methode. Its basic principles spring from psychoanalysis, Humanistic Psychology, sexology and psychocorporal-therapy. We use films of sexology and of “amourologie.” The continuous group do exit since 1975. Reception and work of the “seniors” is a great chance for the beginners. “Therapisants” commit themselves to never meet outside the group. In the group nothing will happen between them sexually or genetically. Groups are a place of therapy and not a place of life. The most difficult sometimes is not to know how to express oneself, but to learn to listen others.

179 WE ARE ALL TRANSSEXUALS, Berenice Bento, Brazil. beremelo@hotmail.com.

The main purpose of this presentation is to propose a dispathological reading of the transsexual experience that opposes the official theory. The American Psychological Associations officially interprets and categorizes transsexuality as an illness in the DSM-IV, its official diagnosis guidebook. According to this notion, mental health professionals conceive the body as naturally heterosexual and the demiurge of all desires. These professionals have the power to decide whether those who are considering on having re-assignment surgery are, in fact, transsexual people. However, we propose that the transsexual experience provides another way to update versions of masculinity and femininity, detaching it from the biological reference in standard gender practices. The basic idea of gender identity as something unitary and coherent, and referenced in the morphology, becomes confusing and no longer allows us to journey safely in the world of plural practices of gender performances.

180 SEXUALLY TRANSMITTED INFECTIONS (STI) AND ANTI-SPERMIC ANTIBODIES (ASA) IN INFERTILE MALES, George Georgia Galdava. ggaldava@hotmail.com.

The purpose of research was to prove the relationship between sexually transmitted infections (STI) and development of antispermal antibodies (ASA). 169 infertile males, with STI have been tested. The investigation proved that 62(36,69%) of infertile males were infected with Chlamidia Trachomatis, 33(19,53%) of them with Ureaplasma Urealiticum, 54(31,54%) of them with Trichomona Vaginalis, 20(11,83%) of them with Neisseria Gonorrhea. All patients have been tested on ASA. It was proved that in males with STI concentration of ASA was elevated, especially those with Chlamidial infections. The patients had received adequate treatment. Month later after eradication of infection in 93,5% of patients infected with Chlamidia ASA concentration was unchanged, but with other STI significant decrease was noted, in 33,3% of males infected with Ureaplasma Urealiticum, 40,7% and 35% with Trichomonas and Gonococcal infections respectively. 3–4 month after treatment in 90,3% of males infected with Chlamidia, in 15,2% of males with Ureaplasma, in 16,6% of males with Trichomona and in 14% of males with Gonococal infections respectively concentration of ASA was elevated. Based on previous investigation we can make several conclusions: the role of STI is important in development of ASA. After therapy concentration of ASA significantly decreases in almost all STI, except Chlamidial infections, which causes stronger dysfunction in autoimmune processes.

181 EFFECTS OF SEX STEROID HORMONES ON FAT BODY DISTRIBUTION IN TRANSSEXUALS AFTER HORMONE THERAPY, Antonio Beccerra, Spain. abecerra@telefonica.net.

Regional fat distribution and other anthropometrics measurements differ between men and women, and it has been suggested that this is an important correlate of sex differences in cardiovascular risk. These parameters are regarded as secondary sex characteristics, and thus sex steroid hormones are important determinants. In order to study the influence of therapy with sex steroid hormones on fat body distribution in transsexuals we prospectively studied 31 male-to-female transsexuals [M-to-F] (age 29.917.9 years) treated with ethinyl estradiol (10 mg/mo.) +cypionate acetate (100 mg/day), and 26 female-to-male transsexuals [F-to-M] (age 30.816.7 years) treated with testosterone cipionate (250 mg/15 days). M-to-F transsexuals (n = 31) F-to-M transsexuals (n = 26) Baseline After 12 mo P Baseline After 12 mo P BMI,kg/m² BMI, Body mass index; STB, skinfold thicknesses of biceps; STT, skinfold thicknesses of triceps; STS, skinfold thicknesses of subscapula; %BF, % body fat; WP waist perimeter; HP hip perimeter. We conclude that sex steroid hormones are impor-

tant determinants of the sex-specific distribution of body fat, and they contribute to different cardiovascular risk.

182 HYPERPROLACTINEMIA IS A COMMON SIDE EFFECT IN OESTROGEN-TREATED MALE-TO-FEMALE TRANSSEXUALS, Antonio Beccerra, Spain. abecerra@telefonica.net.

In recent decades, the demand for sex reassignment in transsexual patients has increased as have the number and variety of possible psychologic, hormonal and surgical treatments. However, these patients run into troubles to be treated in Spanish public hospitals and so endocrinologists have not sufficient experience about this condition; there, patients usually make use of self-therapy and frequent side effects as hyperprolactinemia are observed. Side effects of sex steroid therapy in more conventional categories of patients have been extensively reported, but in transsexuals have been few. We conducted a prospective study of 31 male-to-female transsexuals, average age of 25.717.6 years, range 18–40 y, treated with ethinyloestradiol (50–200 mg per day) and cyproterone acetate (100 mg per day) for 6 months to 10 years before. Basal levels of prolactin varied markedly between individuals: Mean ± 1SD was 62.9135.6 ng/dL, range 34.4–144, and 11/31 (35.4%) patients had hyperprolactinemia (>20 ng/dL). Only in one case these levels were >100 ng/dL, obtaining a negative pituitary CT. After interrupting the therapy for 5.012.1 months (3–9), the levels of prolactin descended a 46.9%, significantly to 33.4119.5 ng/dL ($p = 0.034$). In conclusion, our findings show that the treatment with high doses of oestrogens in male-to-female transsexuals causes frequent hyperprolactinemia, which is reversible after interrupting the therapy, suggesting a non-autonomous production of prolactin.

183 SEXUALITY, HUMAN RIGHTS AND HEALTH: SELF-IDENTIFIED PRIORITIES OF INDIGENOUS WOMEN OF PERU, Astrid Bant, United States. abant@iwhc.org; Astrid@iwhc.org.

The link between sexuality and development is often not well understood, or thought to be a frivolous subject, to be addressed after other, more “important needs” are met. But, from the perspective of indigenous women in Latin America, the right to control sexuality is in fact a crucial element in the improvement of their daily lives. Participatory assessment of health problems with Andean and Amazon women in Peru demonstrate that sexual rights issues, particularly those related to gender inequality, are identified by the women themselves as the most important obstacles to their good health and well-being. In self-assessment workshops conducted in the 1990s by the author with poor rural community women in Huancavelica (Southern Andes, Peru) “many children” was identified by the women themselves as their priority health problem. But having more

than the desired number of children was not fundamentally perceived by the women as a problem of access to contraceptives (although information and availability of methods is a problem); they perceived it as an outcome of the hierarchical relations in the community, including social sanctions for not having many children, inequality of decision making within the couple, and gender violence. In 2002, using the same self-assessment methodology, Ashaninka women in the Peruvian Amazon identified their priorities in sexual and reproductive health and rights. 107 women from five communities named sexual rights issues as their priority health risks, especially forced and early marriage, unwanted pregnancy and gender violence, including marital rape. In both cases, the participatory diagnostic workshops further suggest that improvement of the exercise of sexual rights by rural and indigenous women can be effected by raising awareness and promoting respect for these rights among men and women in the community.

184 GENDER IDENTITY DISORDERS IN SPAIN: EXPERIENCE IN 236 CASES, Antonio Becerra, Spain. abecerra@telefonica.net.

In recent decades, the demand for sex reassignment in transsexual people has increased as have the number and variety of possible psychologic, hormonal and surgical treatments. In Spain this care is not accepted in public hospitals and so endocrinologists and other health professionals have not sufficient experience about this condition, and the transsexuals have to make use of self-therapy and private hospitals. We analyse the experience of a multidisciplinary team: For 8 years (1994–2001) we have cared to 236 people with gender identity disorders (GID), 129 male-to-female transsexuals (M-to-F) and 107 female-to-male transsexuals (F-to-M), aged 19–54 years, and a mean of 34 years; with different study levels (23% primary, 41% mean and 36% advanced). All was evaluated by psychiatrist for diagnosis and psychological help in view of the physical changes produced. After clinical and biochemical evaluation, 4 was pushed back for the reassignment therapy due to organic disorders. The rest was selected to steroid hormone therapy, checking each 6 months. During the monitoring the side effects of therapy in M-to-F was: Hyperprolactinemia (65%), alterations of liver enzymes (8%), and no case with thrombophlebitis. And the side effects of therapy in F-to-M was: Alterations of liver enzymes (24%) and hyperprolactinemia (13%). After two years with the hormone treatment 43 was operated with sex reassignment surgery and without serious organic side effects, but with diverse rates of sexual dissatisfaction in 5 cases. In conclusion, the GID are more and more frequent, and thus, in order to avoid and prevent the side effects of self-therapy, it must be assumed by the Spanish health public service and it must be created specific multidisciplinary units.

185 SEXUALITY EDUCATION VIA COMPUTER-AIDED INSTRUCTION FOR EARLY SECONDARY SCHOOL STUDENTS, Wachara Eamratsameekool, Thailand. drti@hotmail.com.

Background: Development and utilization of a computer-aided instruction (CAI) on sexuality education may facilitate learning and provide additional education channel for early secondary school students. Methods: Contents of the CAI were organized into six key concepts including human development, relationships, personal skills, sexual behavior, sexual health and society and culture. Information and illustrations were employed and tailored to fit for Thai society and culture. Tutorial methodology was used. The CAI was developed in collaboration with a NECTEC staff. Two classrooms from early secondary schools within Roi Et municipality were selected by multi-stage cluster sampling and had been studied, one with the CAI and another as a control. Pretest and posttest scores were analyzed. Results: A six-chapter interactive tutorial was developed and used in CAI group. Each chapter took about 50 minutes to complete. A total of 8 sessions were needed to finish the course. Pretest scores were 24.65 and 27.44 for the CAI and the control groups, and posttest scores were 25.00 and 25.74 (ANCOVA, $F = 6.197$, $\text{Sig. } 0.015$) Conclusions: CAI seems to be one of potential methods for comprehensive sexuality education through facilitate learning and provide additional education channel. (Supported by a grant from the Health Systems Research Institute, Thailand)

186 KNOWLEDGE OF SEXUALITY IN TEENAGE STUDENTS OF THE CBTIS SYSTEM IN THE STATE OF CHIAPAS, Eduardo Trujillo Castillo, México. etrujillo@prodigy.net.mx.

This paper analyzes the knowledge level in six areas of sexuality considered as very important for teenager sexual health. The areas are sexually transmitted diseases, contraceptives, the use of the condom, teen-age pregnancy, myths regarding sexuality and masturbation. The research was done in 7220 male and female students of the CBTis school system in the state of Chiapas.

187 A HUMAN RIGHTS APPROACH TO THE EVALUATION OF A COUNTRY'S SEXUAL HEALTH, Ilsa Lokke Lottes, United States. lottes@umbc.edu.

Since the 1994 International Conference on Population and Development, a new approach to sexual health has been advocated by many sex educators, health professionals, human rights and women's health advocates, and scholars. This approach examines sexual health issues within a rights framework and advocates for empowerment measures as a means to improve sexual well-being. Indeed,

the World Association of Sexology has been a leader in this effort for it has formulated and published a list of 11 basic sexual rights. Using these 11 rights as a guide, I developed a system to evaluate the sexual health of a country. For this purpose, I use a slightly modified definition of sexual health proposed by HERA (Health, Empowerment, Rights, and Accountability, HERA is a subgroup of the International Women's Health Coalition): Sexual Health is the ability of women and men to enjoy and express their sexuality and to do so free from risk of sexually transmitted diseases, unwanted pregnancy, coercion, violence, and discrimination. Indicators for the following seven components of sexual health are considered: 1) Planned and wanted pregnancies, 2) Low risk of getting sexually transmitted diseases, 3) Low risk for sexual abuse, coercion, and violence, 4) Lack of discrimination, 5) Possibilities for sexual enjoyment and pleasure, 6) Extent of sexual education and knowledge, and 7) Quality and access to sexual and reproductive health services. The United Nations Human Development Report for 2000 stressed that indicators can be used by grassroots activists and organizations to hold governments accountable for their actions. Identifying sexual rights indicators can be used as one of the tools for change. Thus, this model of using indicators has the potential to guide policy making, identify actors responsible for preventing the realization of rights, and expose areas that have been neglected. In the final portion of this presentation, I give examples of how this evaluation system has been applied to identify strengths and weaknesses in both a developed and developing country.

188 LATINO TEEN PREGNANCY PREVENTION IN THE UNITED STATES, Bianca I Laureano, United States. blaureano@cwla.org.

Latino teen pregnancy rates continue to rise despite downward trends witnessed in other ethnic groups in the United States. Why is this happening? What are contributing factors? How can it be prevented? This workshop will explore the issue by: looking at the cultural context, Latino demographics in the United States, and presenting programs and practices that have achieved positive prevention effects in the United States.

189 DOES BREAST CANCER TAKE AWAY MY WOMANHOOD?, Antonio Pacheco Hernández, Venezuela. apaher@telcel.net.ve.

Breast cancer is the more prevalent oncological pathology in women. Its incidence is on the rise due to more accurate diagnose techniques, and is estimated that one in eight women will develop breast cancer in their lifetime. The impact of this cancer in body image, sexual identity womanhood, mood and sexuality has been a field of great interest but low consensus (Derogatis, 1980). A cancer diagnosis establishes a crisis to which the individual will react with several coping strategies or in their absence with diverse defence mechanisms. This

process of psychological adaptation will influence the capacity for maintaining a gratifying sexual activity, as a part of good emotional health. This study was directed to the influence of coping mechanisms and self-image in the genesis of sexual dysfunctions in patients subjected to mastectomy or tumorectomy. The sexual activity of the couple, the coping strategies to the illness and self-image was studied in 70 patients attending the St John's Breast Pathology Unit. The authors used a semi-structured interview to obtain socio-demographic data and sexual functioning, and scales for coping and self-image (Vaz Serra) The Sexual Functioning Index was scored from Sexual History (LoPiccolo et al.) Results are discussed.

190 SOCIOPSYCHODRAMA (WITH VIDEO) OF SEXUAL DIVERSITY,
Ronaldo P Da Costa, Brazil. rpamplona@osite.com.br.

In this psychodrama educational workshop we will work with males and females characters presenting different sexualities scenes: heterosexual, homosexuals, travesties, transsexuals. Based on true stories that we will exhibit in video, the auxiliary-egos will create scenes and characters in order to warm up the audience to bring their own scenes stories. This experiential workshop deals with the human sexual typology and gave access to the sexual concepts and prejudices of both therapists and clients. It will last 3 hours, with a simultaneous translation into English. A theoretical discussion will follow the sharing.

191 PSYCHODRAMA ON TELEVISION: IS THIS A MASS THERAPY?,
Ronaldo P Da Costa, Brazil. rpamplona@osite.com.br.

A group of pedagogues and psychotherapists tried to put together psychodramatic and television languages, in order to research the possibility of using Psychodrama on the television. They were looking for a mass media educational and psychotherapeutic tool. During thirteen weeks the author directed an educational psychodramatic group of adolescents, in a television studio. One of these psychodramatic sessions was used as a prototype of a TV program, due to the kind of life and death conflict that appears between some characters infected by HIV virus. This telepsychodrama was translated into English. Psychodrama as a mass therapy is the main focus of the discussion.

192 SEXUAL SATISFACTION OF CANADIAN HETEROSEXUAL COUPLES, E Sandra Byers, Canada. byers@unb.ca.

The Interpersonal Exchange Model of Sexual Satisfaction (IEMSS) has been shown to accurately predict individual's sexual satisfaction (Lawrance & Byers, 1995; Byers, Demmons, & Lawrance, 1998; Renaud, Byers & Pan, 1997). We extended past research on the IEMSS, which has been conducted using individu-

als only, by examining the sexual satisfaction and sexual exchanges of both members of 98 Canadian heterosexual couples. The women reported significantly greater sexual satisfaction than the men did. There were no gender differences in the level of rewards and sexual costs or in the number of rewards and costs. As in past research, the IEMSS components reported for Self significantly predicted own sexual satisfaction for both the men and the women. In addition, partner reports of the IEMSS components for themselves added to the prediction of both men's and women's sexual satisfaction. Specifically, the men's reports of the balance of their own rewards and costs contributed uniquely to women's sexual satisfaction over and above their reports for themselves. Similarly, the women's reports of the balance of their own rewards and costs contributed uniquely to men's sexual satisfaction over and above their reports for themselves. These results are discussed in terms of the reciprocal aspects of sexual interactions that contribute to sexual satisfaction.

193 HUMAN SEXUALITY AND AGING: AN EMPIRICAL STUDY, Osmo Kontula, Finland. Osmo.Kontula@vaestoliitto.fi.

Human sexuality is becoming more important among people who retire and still later in life. The aim of this paper is to present how sexual relationships and related values change in men and women 50–59, 60–69, and 70+ years old. The analysis of the paper is based on three national follow-up sex surveys in Finland (in 1971, in 1992 and in 1999), and sex surveys in Estonia (in 2000), and in St. Petersburg (in 1996). Sexual activity was increasing among elderly and was more prevalent in Finland than in the two areas of the former Soviet Union. In 60–69 years old three quarters of men and half of women had intercourse during, the last month. In 70+ years old these proportions were a half and a quarter. Men valued sexuality more than women, and had more desire. Male erection disorders increased in 70+ years old and women got orgasm step by step less often. Results indicate that sexual activity is highly related to health and partner status among elderly.

194 DISCUSSING SEXUAL HEALTH ISSUES WITH OLDER PEOPLE IN PRIMARY CARE: MEDICAL AND NURSING PERSPECTIVES, Merryn Gott, Ukraine. gott@sheffiel.ac.u.

There is increasing evidence that sex is an important quality of life issue in later life, although the sexual health needs of older people receive low priority in research and policy. In the UK, primary care plays a crucial role in managing sexual health problems, but little is known about the barriers that may prevent medical and nursing professionals working in these settings from discussing such issues with older patients. This presentation will draw on data gathered from 22 General Practitioners (Primary Care Physicians) and 35 Practice Nurses

working in Primary Care Practices throughout Sheffield, UK. These data indicate that sexual health is typically afforded low priority within the context of older people's health and significant barriers exist that inhibit discussion of such matters, particularly for GPs. These include fears of causing offence, personal beliefs about later life sex and concerns about drug compliance. Practice nurses were more confident about discussing sexual issues with older patients and may be better placed to fulfil this role within primary care. However, the focus of their work was with female sexual health issues which has implications for men's access to sexual health care. Also, practical considerations of time constraints, workload, ability to prescribe/refer and lack of appropriate training would need to be addressed if nurses were to take the lead in this area.

195 CROSS-CULTURAL STUDY OF CHILDHOOD SEXUALITY, Amaia Del Campo, Spain. acampo@usal.es.

Childhood sexuality is one of the issues least studied within the sphere of Sexology, especially as regards its behavioral manifestations. The present work aimed at uncovering the frequency and meaning of the sexual behavior engaged in before puberty, asking adolescents and young adults about the activities they recall having engaged in during childhood (before the age of 11). The sample included 607 adolescents and young adults (477 of them from Spain and 130 from Costa Rica). The results obtained suggest that sexuality before puberty is already rich and varied. The adolescents and young adults from both countries recall many examples of sexual behavior in their childhood, some of which are described in considerable detail. Among the most frequent sexual manifestations are the asking of questions and commenting about sexuality, and participation in games with a sexual content. Other types of behavior found with considerable frequency are attempts to observe the sexual zones of others, showing the genitals to others, interest in pornography, imitating kissing, imitating coitus, masturbation, sexual fantasies, etc. Regarding the meaning of such sexual manifestations, the subjects reported having engaged in these activities out of curiosity, in games, by imitation and—to an important extent—for the pleasure it afforded them. It is not possible to speak of differences between the two countries, although there are differences in the gender variable: girls report more affective sexual manifestations (imitating kissing, caresses, seduction, falling in love) while the boys show more sexual behavior in nearly all the other fields and recall having experienced greater excitement and pleasure than the girls.

196 GENDER AND SEXUALITY, Raza Hussnain, Pakistan. chaaza@yahoo.com.

As a young Muslim nation with a complex anthropology, Pakistan continues to struggle with a common sense of identity. This struggle also touches our per-

sonal lives particularly amongst young people with severe identity and gender stereotyping issues, poverty, low levels of literacy. This confusion is pro-pounded and manifests clearly in sexual behaviors and practices. Community based sexual health/HIV/AIDS prevention programs in Pakistan must incorporate self-reflection, self-concepts and identity issues to ensure ownership and sustainability of their programs. Working on self-encourages/facilitates strong self-concepts, which translates to assertive behavior, negotiation skills and a sense of rights. Issue: Gender identity refers to how one thinks of one's own, gender: whether one thinks of oneself as a man (masculine) or as a woman (feminine). Society prescribes arbitrary rules or gender roles based on ones sex. These gender roles are called feminine and masculine. Description: In Pakistani socio cultural framework are supremely gendered, and often-sexual relationships are framed by gender roles, power relationships, poverty, class, caste, tradition and custom, hierarchies of one sort of another. Here for many the term man is a male gender identity not a sexual identity. The phrase males who have sex with males, or men who have sex with men is not about identities and desires it is about recognizing that there are many frameworks within which men/males have sex with men/males, many different self-identities, many different context of behavior. The public arena is male dominated and male to male friendship are expressed in the public domain. Conclusion: Must need to explore and understand male to male desires, as to involve men, if we are truly to develop effective and sustainable HIV/AIDS prevention strategies amongst males who have sex with male.

197 EROTIC BEHAVIOR IN MALE AND FEMALE ADOLESCENTS,
Marco Antonio Torres Arguello, México. maatorres@prodigy.net.mx.

Human sexuality is integrated by many values, principles, social habits and customs that create dependency on the cultural environment. All human patterns of sexual behavior are a result of learned gender roles. Thus it is important to know what adolescents think and how they behave. We must also realize the importance of scientific investigations that could be used to design programs in sex education and that are also within the requirements of the population. In order to accomplish this, both, the people who teach sexuality and the scientific investigators, must work together to establish the basis for successful sexual prevention program. The socio-cultural diversity in Mexico, requires knowing the patterns of sexual behaviors of the adolescent population at a specific moment. A study was done with 6,518 college students at Centros de Bachillerato Tecnológico industrial y de servicios of Chiapas State in México. The study tried to explore and analyze specific subjects like masturbation and sexual intercourse, as well as topics like birth control, adolescent pregnancy, and abortion.

The results were compiled to create the basis for a new academic program: Human Sexuality in the curriculum of the CBTis colleges in Chiapas.

198 RESPONSIBLE AND SELFCARE SEXUALITY PROGRAM UNIVERSITY CONCEPCION CHILE, Paulina Haemmerli, Chile. phaemmer@udec.cl.

Purpose: To promote healthy lifestyles and responsible sexual behavior. Methodology: Activities privileged workshop methodologies that were evaluated with an opinion questionnaire at the beginning and at the end of the study, monitoring and follow up for monitor training. Results: Promotion activities for 1496 students, were performed, Safe Sex workshop for 1250 students, affectivity and Sexuality workshops for 47, 122 monitors were prepared and a semester undergraduate subject, Human sexuality for 454 students, was taught as well as 38 Radio and TV programs. The program served as an opened and emphatic, tool for academic student interaction, thus supporting attitudes and sexual practice, an integral conception concerning the Human Sexuality, motivation to assume major responsibilities as far as health care and couple is concerned. Conclusion: Getting close to students and their lifestyles, the compromise in assuming as active and co-responsible persons in their health care, creation of personal abilities for self-care and healthy lifestyles promotion. These individual achievements may be extended upon their families, strengthening their sociality role, over their communities so as creating a major consciousness for sexual life in students.

199 SEXUAL DYSFUNCTIONS IN COLLEGE STUDENTS CONCEPCION CHILE 2002, Paulina Haemmerli, Chile. phaemmer@udec.cl.

Transversal and Descriptive study carried out in college students between 18 and 28 years old. Purpose: Determine the sexual dysfunction existence. Methodology: A voluntary and anonymous questionnaire was applied to 149 young students. Results: 75% is between 18–21 years old and 59.1% are women; the majority is single with a satisfactory and affective relationship up to 72.5%. Intercourse relationship in 59.1%, whereas, 36.3% are sexually active. On the other hand, 1.3% pointed out having experienced homosexual relations. 76% declare a high and very high sexual satisfaction, 24% inform about some grade of dissatisfaction from: pregnancy burden, 21.5%; lack of privacy, 16.1%; inexperience 10.7%, orgasm absence, 9.4%; lack of desire, 6.0% precocious ejaculation, 5.4%; Sexual encounters are in: their houses, 45%; motel, 18.1%; rented rooms, 15.4%; open spaces, 12.8%; 20% feel guilty for values and religious reasons. Conclusions: Sexual dysfunction present in the group, are: anorgasm, anhedonism, and precocious ejaculation. Intervention towards a plain sexual satisfaction is recommended.

200 A QUALITATIVE STUDY OF URBAN YOUNG MEN'S VIEWS ON SEX AND DATING, Cheryl Dudley, United States. cdd14@columbia.edu.

The objective of the current project was to explore in depth urban African American young men (18–25 years old) perspectives regarding their dating and sexual behaviors with young women. Four focus groups were conducted with 22 men; in addition 8 respondents were recruited to participate in individual interviews, which permitted further in-depth examination of the issues. All participants were residents of New York City neighborhoods. The results presented are an integration of both the focus groups and individual interviews. The analyses revealed five thematic categories associated with the content. These were: I. There is a natural progression associated with the formation of relationships with women, II. dating multiple women is acceptable among male peers, III. young men categorize women based on the sexual behaviors that occur between them and the women with which they become involved, IV. young men express their concerns about sexual risk taking, but sometimes 'you're not in your right mind when you're horny', V. men feel that women's behavior is equally as questionable as their own when it comes to relationships. Because there is limited research in this area, this study demonstrates the need for further research to be conducted in this area.

201 SYSTEMIC APPROACH TO SEXUAL HEALTH, Krishtal Valentine, Ukraine. isemyonkina@mail.ru.

Sexual health, according to the four-factor concept, has a social, psychological, social-psychological and biological (anatomical physiological) providing. The multi-dimensional nature of its providing and the integrative character of sexual health condition the necessity of a systemic approach to the study of sexual health disorders. They appear, as a rule, because of disintegration and combined affection of the sexual health components-social, psychological, social-psychological and biological. Though the degree of the affection of each of the components may be different, thus determining its role in the genesis of the sexual health disorder-causal (pivotal affection), aggravating, provoking or predisposing. As a result of the complex structure of sexual health its disorders are integrative, social biological phenomena, the total of pathogenic factors collision with defensive adaptive mechanisms of an organism, including physiological, social, psychological defense and reaction of a person to the illness. Taking into account the dynamic character of sexuality, not all disorders should be classified as diseases, some should be considered deviations, physiological fluctuations or accentuations. Because of the complex character of sexual health disorders the therapy should take into account the state of all the components and constituents. The social component disorder demands the development of sexual culture and more information for the patients about

psychohygiene of sexual life; the psychological component disorder-correction of the personality, social-psychological component disorder envisages normalization of interpersonal relations between the spouses. Finally, in cases of biological component disorder equally with medicinal treatment, physiotherapy and psychotherapy, various additional methods are applied, and surgical operations are performed in compliance with a etiology, pathogenesis and clinical manifestations of the present pathology.

202 RESPONSIBLE SEXUAL BEHAVIOR: CONDOM USE IN MALE STUDENTS. UNIVERSITY OF CONCEPCION, Elena Henriquez Fierro, Chile. phaemmer@udec.cl.

Descriptive and transversal study in college students. Purpose: Determine condom use in male students and factors that influence this practice. Methodology: Universe: Male students registered during 2000 academic year; Sample: 5% ($n = 269$) stratified and random one. A closed question questionnaire was employed, considering demographic, social knowledge and sexual behavior as study variables. Data analysis with SPSS Program. Results: 55% were 21 to 25 years old; 77% sexually active, mean 16 years old as initiation in sexual activity; 43% with stable partner and 68.7% with three different partners in the last year. 58.4% had formal education in sexuality. As for the condom use, 89.6% know about it as an anticonception method and 87.7% to prevent STD. 44.2% is convinced about it, 10.4% feel safe themselves and 10%, their partners ask for it. 19.6% do not use it: "they do not like it," 16% has no economic access. 39.4% used it in the last three intercourse. Conclusions: High vulnerability group, with risky sexual behavior. So, behavior changes require constant efforts for a responsible sexual activity.

203 EROS PROGRAM: WORKING WITH ADOLESCENTS AT SCHOOL, Eliza Maria Faria, Brazil. marciaf@adm.cefetmg.br.

The EROS Program (in Portuguese 'EROS' stands for 'Escutando, Refletindo e Orientando a Sexualidade') develops activities with the students who attend the secondary grade or the technical courses at Centro Federal de Educagco Tecnologica de Minas Gerais (CEFET-MG)-Brazil. The activities that the EROS Program develops include workshops, talks, debates, panel discussions, celebration of special dates, search and others. The activities of this Program started in the year of 2001 with the collaboration of the teachers of Portuguese Language and Brazilian Literature from CEFET-MG, aiming to insert the theme 'sexuality' in the curriculum. Firstly, a book dealing with the real story of an HIV positive teenager was adopted as a means of introducing the activities. From this reading the students were asked to work in groups in order to produce or

rebuild their own concepts of the themes ‘pleasure,’ ‘dating,’ ‘family relationship,’ ‘drugs,’ ‘contraceptive methods,’ ‘career,’ and ‘AIDS.’ This production resulted in songs, theatre plays, films, show bills, interviews with professionals from the area of health care and HIV positives, search, visitation and campaigns for the donations of food, clothes and medicines to Institutions that care of HIV positive children. Apart from this, a lot of questions were collected and used in debates with specialists. As a closing activity there was an event called ‘Friendship, Sexuality and Health,’ when the participants were stimulated to share their production with other students and also with the school staff through exhibitions of works and films, musical events and debates with the EROS Program team and invited specialists. Also, considering the richness and variety of questions made by the students, the EROS Program team decided to answer them all in full and publish them, transforming them in new material to work with. Based on this experience we could conclude that there is room for discussing and working with ‘sexuality’ at school, in different but meaningful levels, mainly if it is allowed to adolescents to express themselves.

204 SEXUAL BEHAVIOUR IN YOUNG STUDENTS ATTENDING TWO TECHNICAL AND PROFESSIONAL ORIENTED EDUCATIONAL CENTERS. VIII REGION, CHILE 2002 (ADVANCING OUTLINE), Matilde Torruella Puentes, Chile. phaemmer@udec.cl.

Descriptive and transversal study carried out in young students in technical professional education. Purpose: Explore knowledge level and behavior related to their sexuality. Methodology: Universe: students registered in two technical and Professional education centers during 2002. Sample: Intentional sample, 5% (N1 60) (N2 40), with an anonymous questionnaire with twenty questions (closed ones), with a previous informed consent. Data analysis will be worked out with SPSS program. Results: The age of the students considered in this study, go from 18 to 24 years old; 100% are single, same proportion both sexes; 97% claim being heterosexual; 99% has been going steady with someone; 47% over three or four times; 40% is sexually active, having had their first intercourse (73% women) between 16 and 19 years old and 50% (men) at that same age. 50% left, between 12 and 15 years old. 46% and 55% inform about taking measures to avoid pregnancy and STD, as well; 82% recognize having get some information about sexuality and 99% about STD, being in both cases the School the main source of information; 74% recognize spending time watching pornographic videos; 4% had violence and sexual abuse and only 1% recognize an STD episode, with treatment, though. Conclusions: A very good information level in sexual and std, in young students, is acknowledged; this group shows a responsible exercise upon their sexuality, using specific protection.

205 BUILDING THE CAPACITY OF SCHOOL TEACHERS AND MEDIA PERSONS IN THE PREVENTION OF HIV AMONG YOUNG PEOPLE,
Mana Akaiku, Nigeria. makaiku@hotmail.com.

Introduction/method: At the secondary educational level, young people have among others two key stakeholders in their lives: school teachers and media persons. They affect their lives at home, play and school. Youth friendly teachers were identified and trained as liaison for trained peer health educators within 9 different schools. One basic criterion applied in the choice of teachers, which the peer educators provided themselves was the relationship and care shown by teachers. Media persons were based on their interest in reporting youth friendly activities. Through a needs assessment, it was discovered that media persons and teachers displayed low knowledge on some reproductive health issues affecting young people, as shown in table one below. On this basis, a capacity building workshop was organized to develop their competence in handling sexuality and reproductive health issues with youth. **Result/conclusion:** Prior to and after the training the media persons and liaisons expressed their opinion about some reproductive health issues affecting young people.

206 SEX, SEXUALITY AND LAW: THE CONSTRUCTION OF THE FILIPINO WOMAN'S SEXUALITY & GENDER ROLES IN THE PHILIPPINE LEGAL SYSTEM, Carolina S Ruiz, Austria. ksra@philonline.com.

The article analyzes the historical context and origins of Philippine Laws (particularly the Penal Code and Family Law) as they reinforce, normalize and contribute in the formation of a concept of the Filipino woman's sexuality. From the experience of colonization and the conversion to Christianity (Roman Catholicism), the article also points out major themes that arose in the Church and State imposed control over female sexuality such as: 1) The virginal standard; 2) Penalizing the "seductress." Finally the article discusses selected provisions in the penal and civil code as well as Supreme Court decisions which work directly to prescribe sexuality as well as order sex relations through standards of "legal and acceptable" sex, as well as a system of "punishment" and withholding rights from women who violate the standards. In particular, the "mythical" hymen (a legal standard in Philippine law and jurisprudence) is identified as the single most powerful legal standard which works to maintain women's subordination in the Philippine context.

207 THE EFFECT OF CIRCUMCISION ON SEXUALITY: A NEURO-PHYSIOLOGICAL ANALYSIS OF THE HUMAN PREPUCE, Steve Scott, United States. stevescottslc@yahoo.com.

Most relevant medical texts contain little or no information about the neuro-anatomy or function of the prepuce. In those countries where circumcision is

prevalent, this lack of information serves to reinforce the perception of the prepuce as a functionless appendage. Healthcare practitioners in these populations routinely fail to acknowledge circumcision as a source of sexual dysfunction. Ground-breaking anatomical research from North America, published in the late 1990's, along with classic histological studies from Europe, identify the prepuce as a highly innervated and vascularized complex of erogenous structures vital to natural sexual function. The ablation of large numbers of specialized nerve endings and the diminution of penile skin mobility consequent to the circumcision surgery may lead to multiple and, in most cases, predictable sexual disorders, including glanular keratinization, general penile desensitization, dyspareunia, amputation neuromas, and a wide range of physiological and cosmetic abnormalities. A better understanding of the neuro-physiological basis for the erotogenic sensibility of the prepuce will enable health care professionals to diagnose sexual dysfunction in circumcised patients with greater accuracy.

208 SEX AND RELATIONSHIPS FOR HIV+ WOMEN, Jenny Petrak, Canada. Jenny.Petrak@bartsandthelondon.nhs.uk.

There is little available research on HIV+ women sexual relationships other than within risk behavior paradigms. Increased life expectancy with the advent of HAART/combination treatment for HIV may increase the opportunity for women to develop sexual relationships. This study investigates sexual functioning in HIV+ women. As part of a two-armed study collecting quantitative ($n = 85$) and qualitative data, 21 semi-structured interviews were carried out with HIV+ heterosexual women attending two London clinics. Verbatim transcripts were analyzed using Interpretative Phenomenological Analysis (Smith 1995). Dominant themes identified included: 1) Difficulties with sexual functioning, in particular lowered libido and enjoyment; reduced intimacy; 2) Barriers to forming new relationships: fears of HIV disclosure, fears of infecting partners; 3) Coping strategies included: relationship avoidance, having casual partners to avoid disclosure, seeking sero-concordant partners; 4) Safer sex: personal dislike of condoms, lack of control, lack of suitable alternatives; 5) HAART: no apparent impact on sexual activity and satisfaction; 6) Reproductive choices: having fewer children, fear of infection, guilt, but more likely to continue unplanned pregnancies because of HAART; 7) Personal resources, strengths, accessing support. Women are experiencing a range of sexual and relationship difficulties which appear to be relatively unchanged despite the advent of HAART. Focused psychosexual and couples work should be more readily available for HIV+ women and their partners.

209 TRANSSEXUALISM: ORIGINS, CULTURAL INTEGRATION, LEGAL BARRIERS, Richard Green, United Kingdom. Richard.Green@ic.ac.uk.

Thirty-seven years after Harry Benjamin wrote the landmark text “The Transsexual Phenomenon,” scientists continue to search for the origins of the compelling need to “change sex,” transsexuals, although more accepted in many nations, continue to be stigmatized in others, and legal barriers to full social integration are common. This paper will review findings from neuroscience research suggesting physiological origins of transexualism and their political implications, the substantial disparity between cultures in social integration of persons who adopt a gender role opposite to their birth genital sex, and the legal barriers that either fail to protect gender variant persons or prevent their effective psycho-social accommodation into mainstream society. The World Association of Sexology, through its extensive international representation, can exert a vigorous political force in securing psychological and physical security for the world’s transgendered citizens.

210 FITTING A FOCUS ON PHYSIOLOGICAL FACTORS INTO “A NEW VIEW OF WOMEN’S SEXUAL PROBLEMS,” Lin S Myers, United States. lin@sol.csustan.edu.

A recent shift in orientation to exploring the sexuality of women has occurred with the release of what is called “A New View of Women’s Sexual Problems” (Teifer, et al. 2001). Called for is a new way to explore the intersections of psychological, social, cultural, physiological, and medical aspects of female sexuality. We, as women, have of course, have ready faced the medicalization of our menstrual periods and menopause. This medical view of treatment, in part, is based on the current conceptualizations of female sexual problems and dysfunctions as proscribed by the DSM-IV. A New View is primarily calling for an expansion of focus of how social, cultural, psychological and medical factors may play a role and to reconceptualize categories of sexual problems to more accurately reflect the myriad forces that may intersect to influence female sexuality. Specifically, proposed as new classifications are I) Sexual problems due to socio-cultural, political, or economic factors, II) Sexual problems relating to partner and relationship, III) Sexual problems due to psychological factors, and IV) Sexual problems due to medical factors. While more inclusive with respect to the complexity of factors that may influence female sexual problems, I think this classification needs to include a section on sexual problems due to individual differences in physiological or biological factors. We should not assume that there are genital and physiological similarities among women of different ages, racial/ethnic groups, sexual orientation, or experience, to name a few possibilities. Thus, the focus of my talk will be to explore the physiological components of female sexuality within “A New View.”

211 MEDIA AND THE HIV PREVENTION SCIENCE, Mana Akaiku, Nigeria. makaiku@hotmail.com.

Introduction: Closely monitoring NGO output it was discovered that effective dissemination of information to project communities is possible when the media component is integrated into their activity work plan. The Nigeria Youth AIDS Programme (NYAP) media relations scheme was introduced with the aim of developing and sustaining a formidable working relationship with different media houses in Lagos, Nigeria. **Objective:** The basic aim was to build and sustain formidable relationship with the media and thereby promote wider coverage for reproductive health services to project target and stakeholders. **Activity** At the drawing board, a 3-stage programme of activities was drafted. The first was to identify and establish relationship; 10 print and 9 electronic media houses were mapped out and mobilized. The second was to sustain and strengthen old and newly established relationships by encouraging increased media involvement and participation in project activities. The third was to establish personal contacts in each media house for easy media accessibility, in other words have a henchman who can be reached at all times. These contacts were given sexuality and reproductive health training and have become media peer health educators. **Outcome/Result, Conclusion/Lessons:** The media relations activity was very challenging but rewarding. Trained henchmen understood the need and heartbeat of each reproductive health/HIV/AIDS program and acted promptly and accordingly in reporting the activities. Eagerness and readiness are two words that best describe media contact response when called upon and they are accommodating. They appreciate being recognized for their importance within the society. Contacts willingly drop by the organization frequently to harvest news worthy materials for publishing. Media reporting on reproductive health and HIV/AIDS/STIs in society has shot up by about 60% since the last 2 years. More exciting new strategies are being worked out as follow up, to further support and sustain existing media relations within the society.

212 SEXUAL PROBLEMS IN THE PARTNER OF POSTMENOPAUSAL WOMEN WITH HORMONAL REPLACEMENT THERAPY, Jorge Lopez Olmos, Spain. emp-vlc-paz@barcelo.com.

A series of 298 postmenopausal women treated with hormonal replacement therapy (HRT) were interviewed in 1996 to explore her quality of sexual life. There were 143 cases of natural menopause, 122 cases of surgical menopause and 33 cases of premature menopause. The mean age of the series was 51,58 years. The mean age of the menopause was 45,42 years. The mean age of the partner was 54,39 years. The sexual problems of the partner were: premature ejaculation in 8,72%; erectile dysfunction in 11,07%; no sexual desire in 7,71% (no sexual desire in women, 52,68%, $p < 0,001$). No sexual intercourse in 29 couples,

9,73%. The factors in the sexual problems of the men were: depression, hypertension, prostatic diseases, cardiac diseases and work problems. The causes of no sexual intercourse in women were: widow-hood, no couple by separation, divorce or single, and the husband: absent, with erectile dysfunction or no sexual desire.

213 SURVEY IN THE PARADISE OF SEX, Olga Manganelli, Italy. omadv@hotmail.com, olgalita@inwind.it.

The article is proposed to enquire into the typology of the frequent visitors of sexy shops and the statistical frequency of the so-called “soft perversions” present in the sample (according to the distinction between soft and hard perversions proposed from Prof. W. Pasini). From a sociological point of view, in fact, the perversion represents a behavior turning aside from the common and shared social norms. In this meaning, also the so-called “soft perversions,” like the partner-exchange or the relationship of groups can be included in this category. From a psychological point of view, a behavior is considered perverted when the criteria described from the DSM or other handbooks of psychopathology are present. The research introduced here has been carried out on a sample of 127 subjects, customers of the sexy shop of Perugia, and has been led through the distribution of questionnaires of appraisal with closed questions. It assumes, therefore, a descriptive value, being representative of the population of those who usually go to sexy shops. The codification and the analysis of the data has been carried out through the statistical program SPSS. The subjects of the sample had an average age of 34 and were for approximately 90% men. These data have evidenced the great difficulty of women to go to this kind of stores. 55.6% of those who propose new erotic behaviors are men, while, in 40.3% of the cases, the demand comes from both. For 41.7% of the partners, instead, there is not sharing of this type of practice. It seems therefore that, despite being love behaviors that tend to involve the couple, they are lived more as an end to themselves than as an element of complicity.

214 THE WET SPOT, SEATTLE'S SEX-POSITIVE COMMUNITY CENTER, Allena Gabosch, United States. cynde@green-bean.com.

The Wet Spot is a non-profit [501(c)7] membership-based community center. It is guided by a 12-member board of directors and is operated almost exclusively on volunteer effort. The vision of the Wet Spot is to foster the development of our local sex-positive culture by providing supportive, comfortable, and reliable meeting space for the full range of Seattle's sex-positive cultures and communities. We have a large circulating library of sexual books, videos, and magazines. In order to support our area's emerging and evolving sex-positive culture, and providing a safe gathering place for the communities that comprise it, we host

a variety of events both for nonmembers (workshops, support groups, classes) and our members in our fully renovated 4400 square foot space. Our member's only events are as diverse as our membership. On Wednesdays we have our drop-in nights, which are a chance for Wet Spot members to drop by, chat with our director, socialize, enjoy the library, and maybe use the play space. The Grind, our Thursday night dance, is a great venue for techno music and BDSM and sex play. Fridays are varied; two are sex-focused (rather than BDSM-focused) parties, and the other nights are men-only and women-only play parties. Saturdays are pansexual BDSM fetish parties. Sundays have a variety of events, from a "Bondage is the Point" party, massage nights, and other special events. The poster session will detail the Wet Spot structure and philosophy, and feature a calendar of events and brief descriptions of the various communities, illustrated with tasteful photos.

215 LINGUISTIC VALIDATION INTO SPANISH OF THE SELF-ESTEEM AND RELATIONSHIP QUESTIONNAIRE FOR MEN WITH ERECTILE DYSFUNCTION, Javier Rejas, Spain. javier.rejas@pfizer.com.

The inability to function sexually can erode an individual sense of self-esteem and lead to emotional tension and relationship difficulties. Instruments assessing this specific field have not been available until development of SEAR questionnaire. This tool has been developed and validated in USA-English, and it is being validated and adapted into other languages. The purpose of our investigation was to adapt linguistically the USA-English-version into Spanish for being used in Spain with patients with ED. A conceptual equivalence approach was applied to adapt the instrument. An expert panel coordinated the entire process. Native-professional translators performed two independent forward translations into Spanish, that were reconciled by the expert panel obtaining a preliminary version in Spanish. A pilot study was then carried out in a group of 19 subjects with ED for testing for comprehension this first version and to refine it. Linguistic and conceptual issues arisen after pilot administration and during expert panel cognitive debriefing. Items 1, 2, 4, 5, 11 and 12 required re-wording of test to increase comprehensibility. Linguistic equivalents had to be found for "initiating sex" and "sex could be spontaneous." The rest of items and the response options were found to be close to the original. Pre-final version then was back translated into English by another two independent native translators, being both reconciled against original English in order to produce a final version. Average administration duration was 4.6 minutes ($SD = 2.6$) None subject missed any item. For all domains the percent of patients with minimum score (floor effect) was 0%, and with maximum score (ceiling effect) was lower than 15%. As a conclusion, a linguistically valid Spanish version of the Self-esteem and

Relationship Questionnaire briefly entitled SEAR adapted for Spain has been successfully for being used with ED patients.

216 VALUE SEXUAL IN THE UNIVERSITY: PERSONAL EDUCATION AND SOCIAL HEALTH, Francisco Javier Jiménez Rios, Spain. fjjrios@urg.es.

We present the sketch of an investigation that we are developing on the sexual values of the university students in the Ability of Education of Granada in Spain. We leave of the sexuality like fundamental dynamic structure of the human personal reality in the process of their personal and social realization. The personal reality is understood as symbolic exchange, accentuating the relationship aspect and communication in the process of its constitution. The sexuality is understood as “respectividad fontal fructiva”: he/she is carried out in the communication with the other ones, in a continuous appropriation of possibilities and creation of capacities, in the joy of the personal encounter. Person’s notion and sexuality becomes operative starting from the Professor’s classification Enrique Gervilla: The person, subject of the education that pursues the incorporation of values, is animal of emotional intelligence (you value intellectuals, corporal and affective), singular and free in her decisions (you value singular that liberate, moral and volitional), of open nature or of relationship (you value social, ecological, instrumental, aesthetic and religious), in the space and in the time (you value storms and space). We seek to show the sensibility of the university students to sexual values and as the taking of conscience of the same ones is constituted in educational road capable of a personal growth and the improvement of the social health. He/she will spend a test about sexual values that he/she will try to improve in the development of the investigation.

217 SEXUAL CONSENT BEHAVIORS IN SAME SEX RELATIONSHIPS, Melanie Beres, Canada. eherold@uoguelph.ca.

Consent is a key issue in defining sexual coercion yet few researchers have analyzed sexual consent attitudes and behaviors. This issue is further confounded as to date there has been no published research examining sexual consent within same-sex relationships. The objective of this study was to identify which behaviors people use to ask for and to indicate sexual consent to their same-sex partner(s). The Same-Sex Sexual Consent Behavior Scale was developed to measure these behaviors. Data were collected using an online survey and data from 257 respondents (127 men, 130 women) were included in factor analysis and all subsequent analyses. Results show that nonverbal behaviors were used more frequently than verbal behaviors to indicate consent. There were no differences in the initiating behaviors used by men who have sex with men (MSM) and women who have sex with women (WSW). However, when responding to ini-

tiating behavior, MSM reported using more nonverbal signals than did WSW. Finally, equal proportions of MSM and WSW reported experiencing sexual coercion.

218 SEXUAL DYSFUNCTION IN SUBJECTS WITH PATHOLOGICAL GAMBLING, Vicente Fabregat Navarro, Spain. fabregat@terra.es.

Background: individuals with pathological gambling suffer substantial psychiatric co morbidity. The most reported co morbid disorders include substance abuse disorders, affective disorders, and personality disorders. There are few data linking sexual dysfunction and pathological gambling. Objectives: To assess the prevalence of sexual dysfunction in a sample of 37 spanish pathological gamblers. To determine the differences between the rates of sexual dysfunction and other comorbid disorders in this sample. Method: 30 man and 7 women who fulfilled DSM-IV criteria for pathological gambling were recruited at the Division of Pathological Gambling, Department of Psychiatry, Hospital Ramon y Cajal (Madrid). The assessment included demographic and clinical data, Hamilton Depression Rating Scale and Hamilton Anxiety Rating Scale. Results: The prevalence of sexual dysfunction reached 27% (n = 10). There were significant differences between the rate of sexual dysfunction and the rate of other current or past psychiatric disorders. Conclusions: Pathological gambling is associated with significant sexual dysfunction.

219 RELIGION, SEXUAL MORALITY AND HIV/AIDS: WHERE ARE WE?, Solomon Mumah, Kenya. sjmumah@avu.org.

In Kenya, following the declaration of HIV/AIDS as a national disaster in 1999, a number of programs and activities have been undertaken to create awareness and change risky sexual behaviors. And, because of the high prevalence and incidence of HIV/AIDS and its profound impacts on the various institutions in Kenya, among them the family and the church, the advent of HIV/AIDS has put to the test changing family values and the church dogma on matters related to sexual relations and marriage. Consequently, in order to understand the dynamics of sexual behaviors, a study was conducted among Seventh-day Adventist, Catholic, Protestant and Muslim teachers aged 15–54 in Rachuonyo district, Kenya. The objective was to establish the levels of sexual morality (as taught by the church), and the prevalence of HIV-risk sexual behaviors among them. This was a survey research. Some of the findings include the fact that sexual abstinence remains highly controversial while unfaithfulness in marriage stands at higher levels. Thus, promoting behavior change is a critical facet of HIV/AIDS prevention among the church faithful. Church-based HIV prevention mes-

sages need to be designed and carefully targeted and tested for well-defined groups of believers. We conclude that behavior change strategies, which do not address socio-cultural norms, sexual orientations, including early sexual behavior etc, but only hinge on abstinence and fidelity per se, are not likely to be effective. Sexual behavior takes place in an interpersonal context and as such, there is increasing need to consider both partners when addressing risky sexual behaviors.

220 PROMOTION OF ADOLESCENT SEXUAL HEALTH WHOLE INTERVENTION ON VIH PREVENTION, Vicente Bataller I Perello, Spain. vicentesex@eresmas.net.

When talking of sexual life during the adolescence period, we must clarify the idea that, as Steckel said in 1978, sexual life of the human being starts the very first day of his birth and only ends at his death. That's why we do not have to identify sexuality just with its genital component or its reproductive function. The idea of the existence of infantile sexuality is one of the most interesting contributions of the psychoanalytic theory, which explains that the libido—essential psychoenergy—of the child goes through different phases, which underline its subsequent development throughout their lives. (S. Freud 1908) Sexuality is basic in the person's structure. As the OMS declared, sexual health is the whole of somatic, emotional, intellectual and social elements of the sexual being, by positive and enriching means and giving strength to the personality, communication and love (1974) The adolescence is a personal stage which has become institutionalized in the western culture. Teenagers, male and female, face a very critical step of their growth which involve biological, psychological and social alterations. Our task on promoting sexual health for adolescents is the results of a detailed research on the 38.938 phone calls asking for sexual information made to the Public Service of Sexual Information "Youth Phone of Sexuality" (Bataller I Perells, Doc.Thesis 1995) AIDS pandemic has provoked that health education has been included, up to now, during the adolescence, the majority of the studies research on the conflicts around sexual activities: pathology, contraceptive measures etc, but focusing just a side of what the genital practice consists. If we wish a change of attitude as well as of awareness in our youth on preventing VIH/AIDS, we do have to change also the way of our studies, moving the idea of partial works, not talking just about illnesses and conflicts because this will educate from the fear and repression. In this paper we present the strategies for preventing adolescents in front of VIH/AIDS in the Valencian Community through CALCSICOVA-AIDS Coordinator with the advising campaign "More positive" sponsored by the Valencian Government, through the IVAJ (Valencian Institute for the Youth)

221 TRANSEXUALITY INTEGRAL STUDY: 1997–2002, Vicente Bataller I Perello, Spain. vicentesex@eresmas.net.

Transsexuality in the field of sexology is still a minoritary aim of study, outside psychopathology. Medicine, psychoanalysis, psychology and sexology do not easily accept the changes which social sciences have been doing since the '70s in the field of Anthropology and Sociology. In this subject of study, there has been many changes since Harry Benjamin described transexuality as a mental disorder over the '50s. Listening to their wishes and investigation-action work since 1997 states it so. The WAS has to revise, make it possible and embrace new investigations dealing with sexual identities, which some sexologists are producing in this field with some other professionals from sexology, social anthropology and medical psychotherapy. The right to a sexual health care is inherent to all persons independently from their sexual identity or sexual orientation. Transexuality is still considered in DSM IV and CIE as a mental disorder. With this communication we are trying to pose the work down with transsexuals from 1997 till 2002 in Valencia, Canary Islands, Brazil and Madrid in the different activities carried out, from an integral point of view and note stigmatized of the sexual identity reconstruction, which we find in female and male transexuals.

222 SEXUAL BEHAVIOUR STUDY HOMOSEXUALS IN SPAIN, Vicente Bataller I Perello, Spain. vicentesex@eresmas.net.

We want to expose the first national study about sexual behavior and attitudes among homosexuals. This study is pioneer in our country and it is the result of the collaboration between the National Federation of Lesbians and Gays and the condom brand DUREX and their clear care that both organizations share for the sexual health in the spanish homosexual community, which is so little known by the field of sexology. The main aim of the study is to present an exhaustive vision about the sexual health of the spanish male homosexuals, and also of their practice, worries, condoms and lubricant usage. This work has been done in six different cities in Spain (Madrid: survey of 492 people; Barcelona: survey of 375 people; Valencia: survey of 122 people; Sevilla: survey of 101 people; Malaga: survey of 76 people; Bilbao: survey of 51 people). The method we used in this study has been the self-supplied enquiry in a sealed envelope, given personally. The work began of the third of May of 2002 and it ended on the first of June 2002. We present the introduction, methodology, socio-demographic data, sexual orientation and the start of genital sexual relationships, sexual health of the studied male homosexual population: stable and sporadic relationships, sexual frequency, their sexual life evaluation and the conclusions withdrawn from this study: the age of the first sexual experience is placed in 16.7 years. 47% have got a stable couple for more than 2 years; 61% from the

enquested population haven't got a couple and the use preservative; 11% of the gays from 14–19 years do not use preservative "never or almost never."

223 THE SOCIAL REPRESENTATION OF MOTHERHOOD IN MOTHERS THAT EXPECT THEIR FIRST BABY, Verónica Abbott Matus, Chile. vabbott65@hotmail.com; vabbtt65@hotmail.com.

This work tries to explain the process that live women during pregnancy. The analysis done is based in a research realized in Chile with 25 chilean women that expected their fist child. They had at the moment of the interview more less 20 weeks of pregnancy and they were aged 25 to 35. The objective of this research was to look for information concerning the kind of experience women live during this process besides all the changes and areas of their lives affected by this experience. The main objective of this research is to evaluate at what level of their process we can help and develop social support to future mothers and their partners, considering that this vital experience is quite complex many professionals are interested in discovering what is the most pertinent help to give or develop in order to make of this experience something enjoyable and pleasant. The information obtained from the participant revele that pregnancy is a complex process that implies changes at different levels of their personality, lifes, daily routine and relations.

224 PENILE ENHANCEMENT METHOD: LIOPENISCSULPTURE, Marc Abecassis, France. abk6@compuserve.com.

I have been the pioneer of a penis enhancement method in France, and in many other countries, since 1992. I would like to share my conclusions about a very evolving procedure that responds to an increasing demand, always bearing in mind specific standards for optimal safety and efficiency, in a still controversial procedure. My experience is based on more than 1 500 operations. We shall discuss of psychological aspects of the procedure during the meeting.

225 SEXUAL EDUCATION FOR ADOLESCENTS: CINEMA AS AN EDUCATIVE PROPOSAL, Javier Gallego, Spain. cgranizo@.aragob.es.

With the purpose of making easier to the teacher the task of teaching sexual education to adolescents (aged to 14–16) the cinema language of the film Belle Epoque (F. Trueba 1992) has been used. For that purpose some material has been developed, including a copy of the film, a monographic summary about the subject, a didactic guide for the teacher and an activities notebook for the student. The proposed objectives are: -To think of sexuality as a apprenticeship and a way to build up a sexual and personal identity giving a positive value to it; To improve knowledge about wishes, affections and emotions associated to

the sexual response; To accept the existing biological differences between people avoiding any kind of discrimination; To promote a critical attitude about the sexual roles which go against a fair relationship among people of different sex. The treatment of the subject is basically attitudinal, through group activities that reinforce the thinking and participation of pupils and teachers and foment the development of critical analysis. The prepared material is accompanied of training seminars for teachers and it is included in a broader programme (Movies and Health: For a real look). In Aragsn during the 2001–2002 academic course 111 educational centres used this material (60%) and from these 97% have integrated this material into their curriculum being used either in tutorials (69.7%) or in the areas (27.3%). Evaluation (carried out by means of a questionnaire with open and closed items) has shown a good level of motivation and acceptance by the participants and also a good achievement of goals.

226 HIPERSEXUALITY IN BIPOLAR DISORDER, Carlos Conesa, Spain.

Objective: Retrospective assessment of the presence of hypersexuality in hypomanic/manic bipolar patients. Method: Twenty-one (13 men and 8 women) euthymic (Hamilton Depression Rating Scale <8, Young Mania Rating Scale <5) bipolar I or II (DSM-IV criteria) outpatients were assessed by means of a self-administered, confidential and anonymous questionnaire in order to retrospectively determine the presence of hipersexuality in manic/hypomanic phases. Results: 71% of patients experience a growth of their sexuality in hypomanic/manic phases. Many of them report increasing frequency of their sexual activity (38%), or have a rise of their sexual thoughts (43%). 14% report a switch in their sexual practices. Hipersexuality resulted in negative consequences in 29% of patients, and 10% of them felt that they were unable to control this experience. 62% viewed their hypersexuality as a desirable condition, though 25% of them feel guilty about it. Conclusion: Hypersexuality in bipolar disorder is a frequent condition, which can result in a negative consequence for the life of patients.

227 FROM SEXUAL ABUSE TO DRUG ADDICTION: BODY AS AN OBJECT, Alice Castro, Portugal. alice.castro@clix.pt.

The authors face the challenging problem of early sexual abuse in drug addicts, with a special focus on neuro-biological, affective, relational and behavioural changes. From the data obtained some keys came to light: 1-The relation linking sexual abuse and the familiar/social environment creates a vulnerability towards the abuse of drugs. 2-Drug abuse will act as an anesthetic of the emotions and feelings, blocking the capability of the trauma's elaboration. 3-The drug abuse then arises as an escape, since the pleasure is no longer attained through affective and relational events, to be reached only through chemically induced sensa-

tions. 4-In those addicts, sexuality becomes deeply changed, no longer integrated in the affective life, reducing the body to an object, and the drug-abuse/sexuality turns into an action, both inside and against the body itself.

228 A COMPARISON OF TWO TREATMENTS FOR PTSD ASSOCIATED WITH RAPE, CRIME AND SEXUAL ABUSE TRAUMA, Blanche Freund, United States. freunddrblanche@aol.com.

Two treatments for Post-Traumatic Stress Disorder (PTSD), Prolonged Exposure (PE) and Eye Movement Desensitization and Reprocessing were randomly administered to community clients that presented for treatment. The two treatments will be described and results from a sample will be presented. Results showed both approaches produced significant reduction in PTSD and depression symptoms. Successful treatment was faster with EMDR as a larger number (7 of 10) had a 70% reduction in PTSD symptoms after three active sessions compared to 2 of 12 with PE. Other findings will be discussed.

229 SEXUAL PLEASURE: THE NEW FRONTIER IN SEXUALITY RESEARCH, EDUCATION, AND THERAPY, Stella Resnick, United States. stellaRess@aol.com; comercial@3milenio.com.

Thanks to the wealth of scientific data now showing a direct correlation between positive experiences, good health, and longevity, pleasure has been discovered as a valid subject for investigation. Sexual pleasure can be particularly gratifying and vitalizing—and it is always a key feature of any definition of healthy sexuality—yet what exactly does that entail? The first half of this presentation will explore the psycho neurobiological roots of sexual pleasure and the critical factors in early sexuality experiences that can result in a learned body-based inhibition of pleasure. In particular, it will examine three potent influences on sexual development: the developmental neurobiology of attachment, societal pathologizing of childhood sexuality, and the overgeneralization of the incest taboo. The evidence suggests that, for many individuals, the earliest sexual foundation which is programmed non-verbally directly into the body is to separate love from sexual pleasure. The second half of this presentation will describe a comprehensive approach to sex therapy that addresses these early influences by integrating somatic, or body-awareness, into the traditional cognitive-behavioral approach. Several methods will be offered for including breath and body awareness in individual and couple's sex therapy and to enhance sexual pleasure.

230 GUIDELINES OF PRACTICE OF A TELEPHONE HELPLINE IN THE FIELD OF CLINICAL SEXOLOGY, Patricia Pascoal, Portugal.

Telephone helplines date back to the U.S.A. in the beginning of the XX century. Initially these were devoted to the prevention of suicide. Workers were mainly

volunteers with a “humanistic” sensitivity, who made their “ears” available in order to ease the emotional pain of those who needed somebody to talk to when they were desperate. Gradually their field of action got broader geographically and thematically. Nowadays Telephone helplines exist all over the world giving support in different areas. Sexology, alias, sexual disorders are an area in which an anonymous service can be helpful. A helpline in the field of clinical sexology is the first step in the process of change and improvement of sexual life. In this workshop we intend to make participants familiar with the basic guidelines for good practice in telephone helplines. Participants will be given information about basic skills for working in a telephone helpline (empathy, voice tone, active listening etc.) Also, we will share our specific model of work in the field of clinical sexology. We will simulate situations taken from our own experience. Participants will have the opportunity to be part of situations roleplay. Guidance and constructive appraisal will be encouraged.

231 ORGASM, PLEASURE AND DESIRE OF WOMEN IN HONG KONG & SHANGHAI, Petula Sik Ping Ho, Hong Kong. psyho@hkucc.hku.hk.

Within the marital space, women are not encouraged to seek their own pleasure, but are required to subordinate their desire to that of the men they married. Ideas of ‘good sex’ and ‘bad sex’ differ between husbands and wives and are a key source of tension in heterosexual couples. It is the aim of this paper to study how Chinese women in Hong Kong and Shanghai learn about the word “orgasm,” the language they use to talk about their experience of orgasm and how they make meaning of sex and sexual pleasure in the course of their marital life. The paper draws on interviews about personal sexual life histories with women in Hong Kong and Shanghai between 35 and 55 years of age. It examines in particular how the dominant social institutions construct and condition a “normal” life course for married women which prescribes specific social space for them and conditions their range of life choices, their identity and sense of self, their exercise of choice and power, and ultimately puts limit on their possibilities in life including their sex and desire. The analysis will yield both interesting information on women’s sexuality and to provide an understanding of how Chinese women are being subjected to social norms (both “Chinese” and “Western”) on the one hand while at the same time trying to challenge the regulatory codes of proper femininity and experience their bodies as sites of pleasure, without completely bound by the prescriptive life scripts offered by external authorities. The discussion highlights how Chinese women’s sexual subjectivities and experiences could contribute to our understanding of the construction of womanhood in modern society.

232 THE ROLE OF COMFORT WITH SEXUAL HEALTHCARE ISSUES AS IT IMPACTS ON THE FREQUENCY OF SEXUAL HEALTH CARE PROVISION, Gregory MC Crea, Canada. rcgravell@hotmail.com; gmccrea01@rogers.com.

To date there has been limited data collected on the effect that physician's subjective experience of comfort has on the provision of sexual healthcare by family physicians. The purpose of this study was to determine physician's rating of their own comfort as sexual healthcare provider and how this predicted the frequency and nature of sexual healthcare provided. The study also sought to determine how physician's perception of their patient's comfort predicted the frequency and nature of sexual healthcare provision. Instruments were constructed for the study included a Physician's Comfort Scale, Perceived Patient's Comfort Scale, Sexual Healthcare Frequency Scale, and a Physician's Practice Environment Scale. This survey was mailed out to Family and Primary care physicians in Ontario Canada. The number of completed surveys returned and analyzed was 421. The results revealed that the frequency with which physicians provided sexual healthcare was greater in those reporting a higher level of comfort discussing sexual matters with their patients and in physicians who reported perceiving their patients having a high level of comfort in discussing sexual matters. Higher levels of comfort and higher frequency of sexual healthcare tended to be provided by urban based physicians, physician's of female gender, those averaging 43 years of age, and those who had either physician training/continuing education in human sexuality and the frequency of sexual healthcare provided. The implication of the study is that physician-training experiences should have as an objective a component geared towards the outcome of increased psychological comfort in discussing sexual matters.

233 SEXUAL EDUCATION AND SEXUAL HEALTH KNOWLEDGE AMONG 8th AND 9th GRADERS IN FINLAND—INDIVIDUAL AND SCHOOL LEVEL RESULTS FROM THE NATIONAL SCHOOL HEALTH PROMOTION SURVEY, Arja Liinamo, Finland. arja.liinamo@jypoly.fi.

The results of the National School Health Promotion survey regarding sexual education and sexual health knowledge will be presented. The survey is carried out biannually (1996–2003) to provide nationally comparable and follow up information on school experiences, health, health habits and health education among adolescents. The main aim is to assist municipalities and schools to evaluate and develop their health promotion strategies. The survey is conducted within the school context: all pupils of the 8th and 9th grades (aged 14–16 years) completed a structured questionnaire during school lesson. The data are collected each year in April. Approximately 80% of all Finns in these age

groups are included in the study. The evaluation of sex education is based on responses concerning the number of lessons, the themes discussed and the professionals who conduct the lessons. Seven statements (true, false, don't know) concerning conception, STI's, pregnancy and homosexuality were presented to determine sexual health knowledge. The main findings of the study reveal that approximately two thirds of pupils had received sexual education during the year of the study. In general, the level of sexual health knowledge is good, but there gaps of knowledge concerning conception and STIs were found. There is a large variation in sexual education provision and the level of sexual health knowledge between schools, municipalities and areas. The trends of sexual education provision and sexual health knowledge will be presented on individual level as well as on school level. Factors explaining sexual education provision in schools as well as factors explaining the level of sexual health knowledge among pupils will be presented.

234 HEALTH AND CITIZENSHIP KIT FOR GIRLS AND BOYS, Maria Luisa Eluf, Brazil. luisa@semina.com.br.

A project of Education and Health was created by Semina Indzstria e Comircio Ltda in association with the Secretary of Education of S^o Paulo city. This is a project directed for the students pre-adolescent and adolescent and consist to offer a Kit Educativo assisting them in the understanding and comprehension of subjects related to the reproductive health, development and physiological changes, sexuality, body's care and healthful life. Objectives of the Health and Citizenship Kit for Girls and Boys:—to stimulate adolescents to be prepared to face the changes in the puberty, to know better their body and the reproductive process, including the menstrual cycle in the girls; to stimulate the self-knowledge and self-esteem; to stimulate the self-care and the visits to the gynecologist and urologist for prevention, beyond the exercise of the citizenship, with the active participation of the adolescents in the medical consultations and the health care; to stimulate the prevention of gynecological or urological problems, the sexual transmitted diseases (STD), AIDS and unintended pregnancy. Health and Citizenship Kit for Girls and Boys contains: book/notebook interactive with information about male and female sexual organs, contraceptive methods, sexual transmitted diseases (STD) and AIDS; register medical consultations; plastic envelope for file medical exams, diagnostics and prescriptions; products for the hygiene and health: toilet soap, deodorant, mirror, condom and sanitary pad (tampon). This Kit facilitates the information process and communication between teachers and the pre-adolescents and adolescents, their parents or responsible.

235 THE EFFECTS OF THE SEXUAL COMMUNICATION PROGRAMS BETWEEN PARENTS AND ADOLESCENTS IN KAOHSIUNG CITY, Huei Mei Wei, Taiwan. gracewei@nknucc.nknu.edu.tw.

Many parents are aware of the importance of their responsibility about sex education; they want to do something for their children but don't know what to do and how to do. The purpose of this study was to find out the effects of the sexual communication programs between parents and adolescents. This study equips parents with better cognitive and strategy to deal with parent-child communication about sex. "Parent-child communication about sex" training program is designed on the based of parent effectiveness training (PET) and Satir model, which each one divided into two kind of program, one is for the parents and their children another is only for the parents. Through the training program, used the N-par to analysis the effects of the training program. There was no significant difference in the sexual attitude on both parents and adolescents. On the issues of infertility, understanding the opposite sex, abortion, masturbation, sexual value system, the discussion between parent and child were more comfortable. On the issues of female (or male) reproductive system and nursing, understanding the opposite sex, sexual value system, social problems about sex, parents will discuss the facts, share the experience of these issues, listening the child's voice. On the issues of sexual diseases, infertility, sexual crime, peers friendship, parents will discuss the facts with their children.

236 CONJUGAL INFIDELITY UNDER THE SYSTEMIC PSYCODRAMATICAL VISION, Leda Marchesini de Mendoca, Brazil. ledamarchesini@uol.com.br.

The author of this paper presents a reading about conjugal infidelity based on two theoretical lines: The Psychodrama and the Sistemic Theory of Couples and Families. It also shows results from a research done with eighty couples, ranging from high school to university level, from middle to upper social levels and aged twenty to sixty. Doing a bibliographic review of gender, religion and culture that articulates to the Psychodrama and to the Sistemic Theory and analysis of a qualitative research.

237 TREATMENT SEEKING FOR SEXUAL PROBLEMS AMONG SWEDISH WOMEN AND MEN, Axel R Fugl Meyer, Sweden. axel.fugl-meyer@rehab.uu.se.

Objective: This report focuses the extent to which Swedes with personally distressing sexual dysfunction(s) seek professional help. Methods: In 1996 a nationally representative sample of women (n: 1335) and men (n: 1475) aged 18–74 yrs participated in person-to person interviews/filling in questionnaires.

Gender independently 86% had been sexually active during the preceding year. Manifest personally distressing sexual dysfunctions (MaPD) were defined as dysfunctions of sexual interest, vaginal lubrication/penile erectile function, ejaculation, orgasm (women) and sexual genital pain causing personal distress rather often, often or always. Subjects also reported if, when and by whom they had sought professional help. Results: Among sexually active women and men 47% and 23% had manifest sexual dysfunction per se (DSM IV, A-category). Considerably fewer, 24% women, 13% men reported MaPDs (DSM IV, B-category). 20% of those with MaPD due to low level of interest and/or low orgasmicity had sought treatment during the last year, while 14% of those with MaPD due to insufficient lubrication and/or dyspareunia had done so. 18% of men with erectile MaPD; 8%–9% of those with too rapid ejaculation and/or low level of interest and 5% of those with dyspareunic MaPD had been treatment seekers. Help was mostly sought from physicians. Conclusions: Only minor fractions of women and men with MaPD were treatment seekers. As more people become aware of treatment options within sexology/sexual medicine the number of treatment seekers will probably increase. Is society prepared for that?

239 PROMOTING HEALTHY SEXUALITY DEFINING TERMS AND TAKING ACTION, Michael Joseph Mcgee, United States.

Professionals in the field of sexology have a variety of disciplines, areas of interest, and approaches to sexuality that can make it difficult to achieve consensus for what is meant by healthy sexuality. There are few interdisciplinary sessions at meetings of sexologists where professionals and students can engage in how they can further their work. Former U.S. Surgeon General, Dr. David Satcher, called for a mature and respectful conversation about sexuality in his “Call to Action to Promote Sexual Health and Responsible Sexual Behavior.” In response, this workshop provides a powerful tool for developing a collective model for promoting holistic healthy sexuality. Organizations invested in promoting sexual health (Society for the Scientific Study of Sexuality, American Association of Sexuality Educators, Counselors and Therapists, Sexuality Information and Education Council of the U.S., Planned Parenthood, and over 20 others) have agreed to participate in implementing a Vision for 2025 goal to ensure that sexuality is understood as an essential lifelong aspect of popular media and public policy in the U.S., this workshop will develop a shared understanding of the goal, and increase the comfort, confidence, and competence of professionals in the field promote it, regardless of their discipline or areas of interest. GOALS: 1) Professionals will understand the vision of sexuality as an essential lifelong aspect of being human, and that it should be celebrated with respect, openness, and mutuality. 2) Professionals will promote this vision of healthy sexuality in their work.

**240 GENDER DIFFERENCES IN SAME-SEX PARTNERING, 1988–2000,
USA, Amy Butler, United States. amy-c-butler@uiowa.edu.**

This study examines gender differences in the trends in same-sex partnering in the U.S. over the period 1988 to 2000. The sample consisted of 16,225 respondents from the General Social Surveys and the National Health and Social Life Survey. The findings indicate that there was an increase in the proportion of men and women (age 18 to 59) who reported having a same-sex partner in the previous year. This increase was greater for women than it was for men, and it was not limited to young adults. Specifically, the proportion of men who reported having had a same-sex partner in the previous year increased from 1.7% in 1988 to 3.4% in 2000 ($p = .002$). The proportion of women who reported having had a same-sex partner in the previous year increased from an average of 0.8% in 1988–1990 to 3.5% in 2000 ($p < .001$). The researchers suggest that the cultural, economic, and legal changes that took place in the U.S. during the last decades of the 20th century, which had a particularly strong influence on women, resulted in the increased likelihood of same-sex partnering. These changes include declines in homophobia, greater legal protection of gays and lesbians in many localities, and increasing numbers of employers that offered domestic partnership benefits to their employees. In addition, there have been changes that would have affected the likelihood of same-sex relationships primarily among women. For example, the gender gap in wages declined, making women in relationships with other women more likely to be financially secure than they had been in previous decades. Women in sexual relationships with other women were increasingly likely to be able to adopt children and to be given custody of their children in divorce cases. In addition, there has been a heightened visibility of lesbians in the American media.

**241 THEORETICAL CONSIDERATIONS OF SELF IN LESBIAN RELA-
TIONSHPIS, Tova Vitiello, United States. tovavitiello@aol.com.**

This paper examines issues relevant to the relationship of lesbians. The lesbian's relational sense of self is a significant factor in an intimate partnership with another lesbian. The role of gender, childhood sexual experiences, perceived intimacy, degree of disclosure, internalized homophobia and heterosexism are variables that influence relationship quality. The authors advocate relational empowerment strategies for satisfaction in same-sex couples.

**242 HAVING FEAR OF VIAGRA? A DRUG THAT WORKS WITH THE
HEART, Jose Luis Arrondo, Spain. jlarrondo@telefonica.net.**

It has been more than four years since Sildenafil, the first effective oral drug for erectile dysfunction treatment, appeared. I would like to talk about the ad-

verse effects subject, analyzing what happened with a series of 1029 treated patients. Our experience confirms data published by international magazines about its secondary effects. I would like to empathize about the positive relation between the heart and Viagra: there is no higher incidency of cardiac disease, and improves physical exercise capability. Even in recent experimental studies, Viagra is starting to be considered as a powerful cardioprotector. As of today, fear to use this drug seems, at the very last, unfounded, after the extense experience both, doctors and patients, now have.

243 WHY WOMEN SWING, Leanna Wolfe, United States. LAWolfe@aol.com.

From an evolutionary perspective, swinging effectively meets the needs of men: they can form brief alliances with women without risking financial liability or social constraint. For women, the evolutionary value of swinging is questionable: they may worry about their reputations, risk of disease and pregnancy, and the security of their marriages. Nonetheless, women who swing may access a level of consciousness that mainstream women may never know. They can unlock the social shackles that constrain female sexual expression, be appreciated for being sexy well beyond their twenties, and access intimacy with other women without assuming a lesbian/bisexual label or identity. The discussion will examine the unique cultural practices of swingers, the erotic power of jealousy, and how female appetites and attractions differ from those of males.

244 SEXUAL KNOWLEDGE AND RISK BEHAVIOR AMONG AFRICAN-AMERICAN COLLEGE STUDENTS, Karen Butler, United States.

The purpose of this study was to examine sexual knowledge and risk behavior among college students attending three Historically Black Colleges and Universities (HBCUs) in North Carolina. Three hundred two women and 150 men ($N = 452$) completed the survey during class time. Ninety-four percent ($N = 419$, 5 missing) were African-American; ages ranged from 17 to 24. Classes at each institution were randomly selected from the spring 2002 course offerings. Participation was voluntary and anonymous. The data was analyzed using EpiInfo software. Statistical methods chosen were frequency tabulations and Chi-Square. Results indicate that 68% ($N = 255$) of participants demonstrated sufficient knowledge of HIV and other STDs. Ninety-one percent ($N = 408$, 2 missing) reported having ever been sexually active. Sixty-seven percent ($N = 297$, 8 missing) did not think they were "at-risk" for HIV or other STDs and 51% ($N = 228$, 4 missing) had never been tested for HIV infection. Ten percent ($N = 41$, 42 missing) reported they had never used condoms or dental dams. The top two reasons for not using them were "feels better without" (23%, $N = 61$, 191 missing) and "trusted partner" (21%, $N = 55$, 191 missing). Although students have

sufficient knowledge, they are still putting themselves at risk for HIV and other STDs. Participants in this session will brainstorm recommendations based on the study results.

245 DOES MIXING ALCOHOL & SEX INCREASE SEXUAL HEALTH RISK?, Patricia Barthalow Koch, United States. p3k@psu.edu.

Alcohol consumption has been cited as the most probable co-factor for sexual risk-taking. Previous research has found contradictory results and the processes whereby alcohol may increase sexual health risk remain elusive. The purpose of the present study was to examine the relationship of context to sexual activity while under the influence of alcohol among heterosexually oriented college students. Data were collected using a daily diary methodology wherein 84 undergraduate students (18–25 years of age) completed the Sexuality and Alcohol Log for 28 consecutive days. This study identified factors that contributed to college students' consumption of alcohol prior to engaging in risky sexual behavior. Reasons for drinking clustered around four themes: Bored/Why Not? Let's Party/Social to Have a Good Time, Sex & Love, To Loosen Up. Reasons for engaging in sexual activity clustered around three themes: Sex Drive/Feels Good, Relationship Reasons, Self-Satisfaction/Pick Me Up Sex. Results indicated that when alcohol was consumed by the college students, they were more likely to engage in sexual behavior. However, when alcohol was consumed by the students prior to engaging in sexual intercourse they were as likely to use condoms as were students who did not drink alcohol. Several factors such as past drinking behavior and length of the sexual relationship were found to be associated with current condom use.

246 A COMPARISON OF DSM IV A AND B DEFINITIONS OF FEMALE SEXUAL FUNCTIONS/DYSFUNCTIONS, Katarina Oberg, Sweden. katarina.oberg@nc.uas.lul.se.

The aim of this report is to compare two sets of definitions of female sexual dysfunctions, namely that characterizing dysfunctions per se (DSM IV, A-category) and that characterizing personal distress caused by particular dysfunctions (DSM IV, B-category) Methods: Data were gathered from a nationally representative sample of 1065 sexually active women aged 18–65 yrs. The sexual functions in focus were: sexual desire, interest, vaginal lubrication, orgasm and occurrence of sexual genital pain and vaginism. The women assessed their sexual function along a 6-graded scale trichotomizable into No dysfunction (NoD), Mild, sporadically occurring dysfunction (MiD) and Manifest dysfunction (MaD). Level of satisfaction with sexual life was also reported along a six-graded scale ranging from very satisfied to very dissatisfied. Results: MiD + MaD (A-category) was for the different functions prevalent in 60%–90% of the

women. Considerably fewer had B category (personally distressing) dysfunctions. For all dysfunctions MiD as well as MaD were closely associated with relatively low level of satisfaction with sexual life. Through factor analysis a four factor pattern was identified, systematically linking A and B categories. Factors were: Sexual desire, Orgasmicity, Genital function and Vaginism. The first three of these were powerful classifiers (discriminant analysis) of gross level of satisfaction with sexual life. Conclusions: Although much fewer women with sexual dysfunctions are emotionally distressed by the dysfunctions, the two categories are systematically linked and they are together powerful classifiers of level of sexual well being.

247 SEXUAL DYSFUNCTION AND LOW LEVEL OF SEXUAL WELL-BEING ARE COMMON IN SEXUALLY ABUSED WOMEN, Katarina Oberg, Sweden. katarina.oberg@nc.uas.lul.se.

In an investigation of a nationally representative sample of 1335 Swedish women aged 18–74 we aimed to describe the prevalence of life-time sexual abuse (defined as the woman having been forced at least once into one or several sexual acts) and to relate recalled sexual abuse to levels of sexual function and to overall satisfaction with sexual life. Results: At least 12% of the Swedish women had been sexually abused at least once in their lifetime. 50% of these had been sexually abused more than once. The most common types of abuse were vaginal penetration and genital manipulation. For those women who at the time of the investigation were sexually active most types of abuses were significantly associated with low level of orgasm, and also, but less systematically, with other sexual dysfunctions. Sexually abused women and in particular those abused more than once, reported significantly lower level of sexual well-being than did non-abused women. Conclusion: It appears that future sexual function and thereby sexual well-being is profoundly and negatively influenced by sexual abuse.

248 SOCIAL ADAPTATION OF CONDOM IN POLAND, Zbigniew Izdebski, Poland. Z. izdebski@ips.uz.zgora.pl.

Background: The presented survey is a part of National AIDS Programmes. The survey was made in November 2001 on a representative sample of 3,200 Poles between 15 and 49 years of age. The main goals of the study were to determine use of condoms in sexual intercourse of high risk. Methods: The survey was carried out in the form of a questionnaire that was filled out by the respondents themselves, at their homes and in the presence of the inquirer. Results: 63% of women and 71% of men admitted they had used condoms during intercourse. 31% of women and 76% of men have bought a condom at least once. More

than 73% of women and 69% of men declared that they would suggest using a condom during the first sexual intercourse with a new partner. 78% of women and 83% of men would accept using condom during the first sexual intercourse with a new partner. 58% of the respondents is of the opinion that using a condom without the risk of pregnancy means uncertainty of health condition of the person proposing the condom. Use of condom proves concern about the partner for more than 84% of the respondents. As for the use of condoms in marriage and permanent relationships which are assumed to be based upon confidence and exclusivity, opinions of the respondents are diversified, i.e. 43% of the respondents believe that condoms are good in such relationships, and 46% are of the opposite opinion. The respondents opinions were diversified with relation to the use of condoms without the risk of pregnancy as 41% of them stated that it definitely means the lack of confidence in the partner, and 52% believe that the person who suggests to use a condom is not sure of his/her health condition. The strongest barrier is the opinion that sexual contacts with a condom become less pleasant, less spontaneous, and less exciting. The opinion is shared by both advocates of and opponents to the use of condoms. Below, the respondents opinions are presented which concern advantages and disadvantages of condoms. The two most significant disadvantages are less pleasant sex (62%) and discomfort (45%).

249 SEXUAL BEHAVIOR OF POLES, Zbigniew Izdebski, Poland. Z. izdebski@ips.uz.zgora.pl.

The findings presented in this paper come from the survey that was made in November 2001 with a representative sample of 3200 Poles at the age of 15–49. Majority of the respondents (66%) declare that their last sexual intercourse with the regular partner was within the last 7 days prior to the survey, and nearly all of them 94% of those who answered the question on the frequency of sexual contacts within the last month. Almost two thirds of the respondents used a contraceptive method during their latest sexual contact with the regular partner. The most popular contraceptive is the condom, especially popular with younger people and those who are not married. Among the total number of surveyed men aged 15–49, 25% admitted that they had been unfaithful to their wives or regular partners. Among women, 12.5% admitted having been unfaithful to their husbands or regular partners. The number of escort agencies only for homosexual men is growing. Among the surveyed men, 12% used the services of escort agencies. 1% of women declared having used such services ever. In 2001 stated an opinion by 56% that escort agencies are useful. From the point of forms of sexual activity 26% of the respondents declare that they had an oral contact with ejaculation into partner's mouth, and 12% of the surveyed claimed they

had anal sexual contacts he respondents had the possibility to answer what are people mainly afraid of in their sexual relations? 70% are mainly afraid pregnancy. Every second person fears HIV or STI infection.

250 BREASTFEEDING BONDING FOR THE PREVENTION OF DEPRESSION AND SEXUAL VIOLENCE, James W Prescott, United States. jprescot@twcny.rr.com.

A documentary film will be shown (13 minutes) that dramatizes how failed bonding in the mother-infant/child relationship results in developmental depression, impulse dyscontrol and homicidal violence later in life. Low or failed breastfeeding bonding impairs brain serotonin development, failed intimacy with the female body, denial of youth sexual expression and a sexual puritanism that results in depression and suicide later in life. Cross-cultural studies of tribal cultures have shown that baby-carrying bonding can predict peaceful or homicidal violence in 49 tribal cultures studied with 80% accuracy. 77% of 26 tribal cultures with weaning age of 2.5 years or longer are rated low or absent in suicide where 82% of these cultures support youth sexual expression. Genital mutilation of children impairs mother-infant bonding and sexual affectional bonding by alteration of the pain-pleasure systems of the brain and provides the initial foundation for sado-masochistic behaviors. High mother-infant/child somatic bonding and lack of genital mutilation are essential for sexual and emotional health.

251 DESIRE EXCITATION AND ORGASM IN HYSTERECTOMIZED WOMEN SUBMITTED TO ESTROGEN THERAPY, Ana Lucia Cavalcanti, Brazil. anacavalcanti@uol.com.br.

The effects of hormonal replacement therapy on sexual desire, excitation and orgasm of women after surgery-induced menopause (hysterectomy) for benign disease were assessed. 34 women were studied: 16 belonged to the experimental group receiving hormonal therapy GTRE, and 18 belonged to the experimental group placebo GP follow-up in the Sector of Endocrine Gynecology of the Clinical Hospital of the Medicine School of University of São Paulo, Service of PhD Aristodemo Pinotti. Results have shown high frequency of hypoactive sexual desire. There was important but not significant increase in the frequencies of sexual desire and orgasm in both groups from second to third visits. Significant increase in the frequencies of excitation and orgasm occurred in both groups: in the GTRE this increase was observed from the first to second and third visits, and from the first to the third visits. In the GP, there was significantly progressive increase from initial to the third visits. Our data have shown as well increase self-esteem and more frequent sexual activity in the GTRE.

The reviewed literature is not conclusive about the the controversies existing in the relation between total or subtotal hysterectomy and sexual dysfunction, and also about information the importance of social, psychological, cultural and organic factors, which complex interactions should be better detailed, so that the responsibility of such factors for sexual dysfunction could be determined.

252 KILLING OF CHILDREN: SEXUALLY INDUCED OR NOT, Frans Koeraadt, Netherlands. f.koeraadt@law.uu.nl.

In this presentation an analysis will be presented of those specific cases where perpetrator and victim are each others family members and those cases where they are not family members. A detailed analysis of 30 Dutch forensic mental health cases of killing of children will was made. Killing of children by their parents will be compared to the killing of children by strangers. In this comparison the sexual motivation is one of the most important differences. Answers will be given to the question to what extent attempts of filicide differ from fatal cases and to the question why male offenders who commit these crimes differ from female offenders.

253 GENDER RELATIONSHIPS, SEXUALITIES AND AIDS. AN ANTHROPOLOGICAL PERSPECTIVE, Martha Patricia Ponce Jiménez, México. baezianda@infosel.net.mx.

This work is product of a fieldwork reports, demonstrate how the different process of socialization (between men and women), the asymmetric relationship of power between the genders that in our country have like maximum expression the “machismo” their respective sexuality codes, and the absence of a gender and sociocultural perspective in the application of public policies, help to increase the risk of the people and in particular of women and young people to get HIV. In front of the biomedical sciences that counts with an important knowledge around the suffering, emphasize the necessity to increase the sociocultural research like one of the most significant instrument, between the latinoamerican countries to contribute in the prevention and the control of this epidemic.

254 BLOCKING SEX: THE STATE OF GLOBAL INTERNET CENSORSHIP, Jordan Mare Friedman, United States. jf175@columbia.edu.

Iraqis have almost no access to the Internet, and those who do, must have a government permit to go on line. Saudis can surf the Web, but sexuality information is strictly filtered, making it nearly impossible to find. Chinese are permitted to view some sexual health sites, but their Internet use is often recorded by the government. Americans' access to many sex education sites is banned

by some schools, libraries, local and governments that pay consultants to recommend sites that should be banned. The world is rapidly being wired for Internet use, but depending from what country, state, or community you log-on, information and answers about erectile dysfunction, masturbation, homosexuality, sexually transmitted infections, circumcision, among hundreds of other health topics, may be monitored, unavailable, and/or illegal. By providing current data on Internet restrictions country by country, and worldwide efforts to increase freedom of access to sexuality and other health information, this presentation discusses where and how your on-line material may be off limits, and what you can do to make it available even when it's been banned. The presenter will use inquiries from Columbia University's internationally-acclaimed Go Ask Alice! health question and answer Internet service to demonstrate the critical need for accurate sexuality-related knowledge, and the serious consequences experienced by those forced to live without it.

255 UTILITY OF SILDENAFILO IN THE TREATMENT OF SECONDARY ERECTYLE DYSFUNCTION TO ANTIDEPRESSANTS, Froilan Sánchez, Spain. fsanchezs@semergen.es.

Objectives: To value the effectiveness of sildenafile in the erectile dysfunction (ED) caused by the antidepressant use, its tolerance and its effectiveness after 3 months of pursuit. **Methodology:** Open, prospective, multicenter, observational study, with a treatment branch. 55 patients men include (18–70 years) who take antidepressants and develop ED related to its use, which will maintain a minimum of 4 sexual relations previous taking of 50 mg of sildenafile (100 mg from 6 a week if it does not improve the sexual answer). **Diagnosis of ED:** Psychotropic-Related Sexual Dysfunction Questionnaire (PRSexDQ) and the International Index of Erectile Function (IIEF). **Valuation of clinical evolution:** PRSexDQ and IIEF, Scales Global Clinical Impression (SGCI), Daily of the Patient. Descriptive statistical analysis. Tests of T of Student, McNemar and Chi-square test. **Results:** Patients included 55, study was finished 54 patients (98, 1). **Evolution:** PRSexDQ: Significant improvement in all its items ($p < 0.0001$), IIEF: Significant improvement in the five dimensions that evaluate: $p < 0.0001$, SGCI improvement of the disease: 2,2 (rather better), $p < 0.0001$, SGCI improvement of the sexual dysfunction: 1,3 (far better), $p < 0.0001$. Rate of successes attempts of sexual activity: With medication: 93%, without its: 65%, $p < 0.001$. Does not declare adverse events. The effectiveness in the change of the erectile function stays (in all the categories of the IIEF) after 3 months of pursuit. **Conclusions:** Sildenafil is effective in the ED caused by antidepressants. During the treatment the patients showed significant improvement in the clinical impression of the depression. The tolerance to the drug it is good and it maintains the improvement of the ED after 3 months of pursuit.

256 EVALUATING QUESTIONNAIRE OF FEMALE SEXUAL FUNCTION (FSF-EC), Froilan Sánchez, Spain. fsanchezs@semegen.es.

The sexual disorders affects a great number of people of both sexes. There is scientific evidence that correlates sexual upheavals and decreases in the quality of life, with special affectation of the personal relations and the own self-esteem. There are few studies that have tried to develop to an instrument diagnosis in women. The FSF-EC consists of 15 simple and comprehensible questions directed to the woman that has sexual activity in pair and/or by means of masturbation, being an instrument designed diagnosis to evaluate the cycle of its sexual answer as well as to approach the more frequent sexual dysfunctions in clinic. By the scheme followed in the development of his different questions it is, from the statistical point of view, easily manageable reason why it is to hope that it has a good application in the accomplishment of studies population epidemiologists and investigation, since it has been validated and it shows truthfulness. With this questionnaire we will be able to know that types of sexual upheavals affect the woman, their frequency and to deepen in its origins. The questionnaire approaches other aspects of the female sexuality like the initiative in the sexual activity, the communication in the pair, the anxiety anticipatoria to the relation, etc. reason why also it can be a self-help instrument. It is applied on if same and once complimented it is evaluated by the doctor or the psychologist. We expect for an ample diffusion of FSF-EC between the professionals. We are sure that used correctly will be a useful tool in the clinic that will allow to the diagnosis of the main types of sexual dysfunctions when facilitating its boarding, respecting the own privacy of the woman.

257 DEVELOPMENTAL PATHS TO SEXUAL INTERCOURSE, Michael Lewis, United States. sharptk@umdnj.edu.

There is almost no information pertaining to the developmental paths to sexual intercourse. A longitudinal study followed 100 children (50 boys and 50 girls) from 3 months to 18 years where information in regard to whether the children had had sexual intercourse was obtained. For both girls and boys, the more opposite sex friends through infancy and childhood the more likely the girls were to have had sexual intercourse by 18 years. Similar findings were found for boys with the addition that boys who played with female sex role toys in the first 2 years were more likely to have had sexual intercourse.

258 FROM WHISPERS TO THE DARKNESS, Leticia Villarreal Caballero, México. levicab@hotmail.com.

In the present societies there are learnings for each one of genres which have an impact indeed in the relationship that reflect in the field of the eroticism. To

identify the erotic channels through the sensibilization layers which access to self, allows to locate to participant in its reality, with a level of conscience, opening and authenticity, through exercises, directed to increase the conscience of oneself, feelings and perception of other people. The participants recognizes their body, as well as the erotics channels and the handling of their own erotic expression.

259 SEXUAL MATERIALISM AND ADOLESCENT SEXUAL BEHAVIORS, Evelyn Eisenstein, Brazil. evelynbrasil@hotmail.com.

Acquired Immune Deficiency Syndrome (AIDS) and new technology have forced a change in the way youths express their sexualities. Personally meaningful sexuality has been lost as a consequence of institutionalized religious, social and cultural taboos, misdirected health education messages, gender health inequities, youth-targetted sexual marketing, and associated “sexual materialism.” Three central questions are explored. How has an HIV-influenced worldview, characterized by fear of Infection combined with other related social and technological factors influenced youth behavior and sexual relationship patterns? What are the consequences of social and sexual distancing and isolation and alienation upon healthy youth development? Have sexual behaviors lost their essential components and been replaced by mechanical, alienating forms of sexual materialism? The affects of unemployment, violence, poverty and social deprivation are identified as being especially significant in a fast changing, technology-driven world, where sex is used as a tool for upward social mobility or as a commodity. Youth seldom employ their sexuality as a means to an end (life purpose), but instead as an end in itself (immediate gratification). Healthy sexual activities, characterized by interpersonal and sexual bonding, and passion and pleasure, are discussed as particularly constructive experiences making life meaningful, and when engaged in responsibly are self-actualizing human rights. Unless sexual materialism is understood and sexual alienation is addressed, consequences including violence, social isolation, and psychological problems among youth and young adults will increase. Technology when affordable and available in the developed and developing worlds, can promote access and availability of health care services for adolescents, provide an inexpensive venue for dialogue and information exchange, and serve in advocacy and vigilance of adolescent health and human rights on the international scale. However, the development of interpersonal skills necessary for the establishment of healthy sexual relationships is best accomplished in local communities.

260 SEXUALITY, CONTRACEPTION AND ABORTION IN THE NETHERLANDS, Eylard V. Van Hall, The Netherlands. eylard@stisan.nl.

In the last three decades of the 20th century a process of social and cultural change took place in The Netherlands, that profoundly affected family life, sexu-

ality and contraceptive use. It should be emphasized that this change was not at all superficial but affected the attitude and behaviour of almost the entire population within the extremely brief period of ten years (1965–1975). It seems as something special has been going on between Dutch society and abortion practice. So, let me briefly share with you the history of abortion in the Netherlands. The first abortion clinics started three decades ago, on the initiative of and staffed by family doctors defying the then restrictive law. This ‘bottom-up’ approach, originating from the medical profession, appeared to be very effective as abortion clinics were tolerated by successive governments in anticipation of an abortion law which eventually legalized abortion although it took more than 10 years before this law was passed by the parliament en senate in 1981. During this period abortion, although formally illegal, was widely available in private, non-profit clinics and in some hospitals. Since the legalization, the cost of abortions is covered for residents by the national health insurance system. In the mean time legalization abortion was swiftly and unconditionally supported by the Dutch Medical Association, the Dutch Society of Obstetrics and Gynaecology and the vast majority of the university professors of Obstetrics and Gynaecology. Two underlying developments have been of crucial importance for the eventual fulfilling of this process. First, the strong economic growth in The Netherlands leading to the formation of a welfare state with an extended system of social security arrangements, along with the growing influence of the mass media, affected ordinary people’s lives and ways of thinking, including a combination of tolerance and a sense of responsibility for others. Both characteristics are essential for a proper understanding of the ways sexuality and family planning were dealt with, publicly as well as individually, once the taboos that had surrounded these issues were broken.

261 SEXUALITY AND PEOPLE LIVING WITH HIV/AIDS IN CHILE: AN ANALYSIS FROM A GENDER PERSPECTIVE, Francisco Vidal Velis, Chile.
franciscovida@vtr.net.

Objective: the purpose was to examine the different ways that People Living with HIV/AIDS (PWAs) in Chile face their sexuality once they have been notified about their HIV positive condition and the gender differences observed during this process. Methodology: qualitative methodology was used. In order to carry out this research of 60 PWAs were interviewed (20 women and 40 men), from 13 Chilean cities. Results: Most of interviewed people said they have experienced a stage of loss of their sexual desire after they were notified about their HIV positive condition, which last longer in the case of women. Due to the death of their partners, many women had no ones, and said they preferred not to re-start their normal lives because of the fear of the discrimination they can suffer after saying their serological condition. Chilean male chauvinist culture, difficulties to negotiate the use of condom, and scare of transmitting the

HIV are also mentioned as reasons for that. Even though most of women, acquired the virus through their stable partners, they never knew the way their partners acquired it. Men, mostly homosexuals, said they prefer HIV positive partners, due to strong discrimination fear. Conclusions: It is necessary to work deeply topics such as sexuality, sexual and reproductive rights, and AIDS prevention, most of all in women, because they chose to limit their lives instead figure out the ways to live a plentiful and safe sexuality.

262 CHILDREN'S SEXUALITY AND TENDERNESS, Maria de los Angeles Núñez Cañizares, Ecuador. angelesnunez@andinanet.net.

All of us have received many times an inadequate, prejudiced and sinful sexual education, which originated inhibitions and hindered us from living our sexuality in a natural, healthy and pleasant way. It is necessary to change this situation by knowing more about children's sexuality. Sexuality is the propelling force that the human being is born with, it appears in the different stages of life and ceases only with death. It has its basis on men and women's biological characteristics, which include psychological, social and cultural aspects that make up his or her sexual identity. Sexuality is also all those pleasant sensations that the body experiences through the senses, together with the tenderness and fondness we transmit to the people we love. Many times sexuality is confused with genitality. This is the result of the development of different components of sexuality during the first years of life and it manifests itself since adolescence in sexual relationships and that is why it participates in procreation. From this perspective, we must talk about sexuality and no about genitality to children. Since boys and girls are born, they feel their body, its sensations, they want to know and discover all the pleasure that it can provide. Then, they feel curious about other children and adult's bodies, they need to watch, touch and compare. Later they feel interest about their birth, they need to hear a spoken explanation of what they have in their memory. Months later they search for information about how babies are conceived, the biological explanation and what their parents feel, said in an easy, honest and tender way. The sexual curiosity of the children drifts around these four topics. To start integral sexual education in children, we need affable and comprehensive adults who permit themselves to have a more natural vision about their sexuality and don't either have fear to satisfy this curiosity because it is not precocious nor sickly. On the other hand, appropriate and timely explanations will allow them to feel, take care and love their bodies, respect others and discover that sexuality and tenderness goes hand in hand.

263 VISUALLY ENHANCED SEX THERAPY (VEST), Frank G. Sommers, Canada. sommers@sympatico.ca.

The power of images to move individuals is well recognized. However, their use sex education and therapy is less well established, but no less effective or

powerful, if used in the right manner. This workshop will describe the preparation of patient(s) (couples and single men and women), and the careful introduction, setting and detailed debriefing that should accompany the use of any visual aid in order to promote optimal therapeutic progress. The appropriate use of audio-visual aids in modern sex therapy techniques of cognitive restructuring, behavioral change and emotional healing will be explored. Additionally, the use of audio-visual aids in a multicultural environment will also be discussed.

264 COMORBID PSYCHOPATHOLOGY IN MALE PEDOPHILES, Soenke Boettger, United States. sboettger@bethisraelny.org.

This presentation discusses the comorbidity of psychiatric disorders in male pedophiles. A review of the literatures shows that findings have been strikingly consistent across studies and suggest that pedophiles may share psychiatric features above and beyond deviant sexual desire, including high rates of comorbid axis I disorders, specifically affective disorders, substance use disorders, impulse control disorders, and other paraphilic. We will present data from our evaluations of male child molesters and discuss it in the context of recent advances in the literature. Data from SCID I, the Barratt Impulsivity Scale (BIS-11), the Yale-Brown Obsessive Compulsive Scale (YBOCS) will be presented.

265 SEXUAL ABUSE HISTORY OF MALE PEDOPHILES, Aliasa Shakhverdi, United States. alisashah@yahoo.com.

Despite the widespread incidence of childhood sexual abuse, there is insufficient investigation into the childhood sexual history of perpetrators. In addition, there is little published on the specific similarities between childhood and adult sexual histories. The present study investigates the incidence of childhood sexual abuse in a carefully characterized sample of male pedophiles compared to a demographically similar control group. Concordance between and cognitive distortions about characteristics of childhood abuse and pedophilic behavior are also studied. Twenty male subjects with pedophilia, heterosexual type were compared to twenty-three demographically similar, healthy male controls on a questionnaire specifically designed to assess childhood sexual history in pedophiles. Results: Sixty percent of pedophiles compared to 4% of controls reported adult sexual advances as a child. A first sexual encounter under 14 was reported by 75% of pedophiles and 22% of controls. About 60% concordance was found between acts experienced as a child and perpetrated as an adult. Finally, numerous inconsistencies throughout the questionnaire add preliminary support for the role of cognitive distortions both with regard to childhood and adult sexual history. Conclusions: The present findings replicate the elevated rate of childhood sexual abuse found among pedophiles and are consistent with the notion of a causative relationship between early childhood abuse and later pedophilic behavior.

266 FUNCTIONAL IMAGING OF HETEROSEXUAL MALE PERPETRATORS OF CHILDHOOD SEXUAL ABUSE: A PRELIMINARY NEUROPSYCHIATRIC MODEL, Igor I Galynker, United States. igalynker@bethisraelny.org.

We will present data from a series of preliminary neuropsychiatric studies, including neuropsychological, plethysmographic and neuroimaging investigations on a sample of 22 male, heterosexual, non exclusive pedophiles and 24 demographically similar healthy controls. Results: Although pedophiles did not differ from healthy controls on most measures of executive function there was evidence of deviant sexual arousal beyond the abnormal choice of object. Further, there was preliminary evidence of frontal and temporal abnormalities on PET. Conclusions: A psychobiological model of pedophilia is proposed, positing that early childhood sexual abuse leads to neurodevelopmental abnormalities in the temporal regions mediating sexual arousal and erotic discrimination and the frontal regions mediating the cognitive aspects of sexual desire, judgement and behavioral inhibition. In this way, pedophiles develop deviant pedophilic arousal. Subsequently, if there is comorbid personality pathology, specifically sociopathy and cognitive distortions, there will be failure to inhibit pedophilic behavior.

267 ADOLESCENTS & AIDS-A STUDY OF AWARENESS & ATTITUDE CONCERNING HIV & AIDS IN THE MANIKGONJ DISTRICT OF BANGLADESH, Nurul Islam, Bangladesh. deltam@bijoy.net.

A study was conducted among the final year students in Higher Secondary Colleges in the Manikgonj District of Bangladesh to appraise their awareness & attitude concerning HIV & AIDS. Assessing exactly what they new, what their special needs were, what media appealed to them most, we would be in a better position of design AIDS/HIV education programs: The study onvolved administering pre-conded, self-report questionnaire, under examination conditions in seven higher secondary colleges from Manikgonj District, In general Knowledge regarding HIV/AIDS was bad. There were area of confusions such as 75% think by giving blood one could contract AIDS and 90% did not believe that condom had a role in AIDS prevention. Most of them indicated their preference for AIDS education be included in college curriculum. Results: Dissemination of accurate information on HIV/AIDS in schools, colleges would be an effective approach particularly so since the adolescents have strongly indicated their preference for AIDS education be included in college curriculum.

268 NEGOTIATING THE BOUNDARIES OF MASCULINITY IN CONTEMPORARY SOUTH AFRICA, Liz Walker, South Africa. walkere@wiser.wits.ac.za.

Liberal versions of sexuality, which mark South Africa's new democracy, have had a number of highly contradictory consequences for women and men, as old

notions of masculinity and male privilege have been destabilized. The transition to democracy has precipitated a crisis of masculinity. Orthodox notions of masculinity are being challenged and new versions of masculinity are emerging in their place. Some men are seeking to be part of a new social order while others are defensively clinging to more familiar routines. Drawing on in-depth interviews with young African working class men, this paper explores the ways in which masculinities are being constructed (and reconstructed) in contemporary South Africa. It examines how men negotiate their manhood in a period of social turbulence and transition. In this paper I argue that masculinity, male sexuality, and the expectations which men have of themselves, each other and women are contested and in crisis.

269 “GETTING THE NATION TALKING ABOUT SEX”: REFLECTIONS ON THE POLITICS OF SEXUALITY AND NATIONALISM IN POST-APARTHEID SOUTH AFRICA, Deborah Posel, South Africa. pose ld@wiser.wits.ac.za.

Since 1994, South Africans have witnessed the unexpected and enigmatic politicisation of sexuality to an unprecedented extent. This paper attempts to demonstrate, and make sense, of this phenomenon. It is structured in two parts. The first part considers ‘how sex is brought into the realm of discourse’, as Foucault put it, and how this discursive constitution of sexuality is informed by wider dimensions of the post-apartheid social order—in particular, the acceleration of the country’s HIV/AIDS epidemic, on one hand, and the generational shifts associated with the emergence of new black elites, on the other. Drawing on this discussion, the second part proposes a reading of the so-called ‘HIV/AIDS controversy’ which has come to summarise Thabo Mbeki’s presidency in many national and international circles, and which has generated more political division, conflict, uncertainty and anger than any other issue since the inauguration of the post-apartheid state. I argue that this ‘controversy’—although immediately concerned with questions of science and drugs—is more fundamentally a struggle over the discursive constitution of sexuality, in a form which dramatises the enmeshment of the manner of sexuality with the politics of nationalism, and the inflections of race, class and generation within it.

270 RESILIENCY SIMILAR TO POVERTY? PROPOSAL TO IDENTIFY THE RESILIENTES PROCESSES OF A POPULATION OF ADOLESCENTS EXPOSED TO FAULTY SEXUAL EDUCATION, Jonathan Fernando Teran Moreno, México. jonathibis@yahoo.com.

The analysis of the resiliencia was generated in a social mark of poverty, own de some countries de latin america. Insigth each country exists so varied even and socioeconomic strata that this conception de “resiliencia” in where there

is poverty, he/she doesn't explain the one for that, in considered atmospheres economically high or "rich" individuals and social facts arise so unhealthy, sick and very little resilientes. Current situations in the one state of new lion where the social stratification the political power and the marginalization this very defined one would allow an analysis and critic of him: to bigger poverty ma resiliencia and to more wealth . . . Life healthy insured? A proposal of investigation is generated to leave of these facts for to consider the faulty sexual eduation as a factor of risk in the adolescence, and to observe the process resiliente in these to develop a new conception that the wealth doesn't assure the health; and the poverty not it is all causing of illness; also to develop a program in Mexico that it promotes the sexual health in the adolescents having as point of departure the theory of the resiliencia.

271 SEXUALITY IN UNDERGRADUATE MEDICAL EDUCATION—A QUESTIONNAIRE STUDY IN FINLAND, Elise Kosunen, Finland. meelko@uta.fi.

Background: Lack of knowledge and training has been suggested as the main reason for the physicians' unwillingness to address sexual issues in medical counselling. Aims: To study medical students' opinions about how well undergraduate medical education covers sexuality and sexual medicine as well as their willingness to offer sexual counselling. Method: In May 2002, a questionnaire (with one reminder 2–3 weeks later) was mailed to all medical students who were just finishing their studies in the five medical schools in Finland. 358/380 were reached, 175 completed and returned the questionnaire (RR 49%). Opinions and attitudes were measured using the Likert scale. Results: 48% of respondents, men more often than women, answered that their study programme had included sufficient/quite sufficient information on sexual issues. Of the diseases in question, prostate cancer was most often handled also from the viewpoint of its sexual effects (67% sufficient/quite sufficient); diabetes (60%) and ischemic heart disease (56%) were ranked next. Sexual aspects were handled to a lesser extent in many neurological diseases (9–17%) and in connection with some surgical treatments (13%). 80% of the students responded that sexual effects of antidepressive agents were handled sufficiently/quite sufficiently, while the proportion was 30% for breast cancer therapy and, at lowest, 12% for anti-parkinson therapy. A quarter of the respondents were not willing to offer sexual counselling in their job or were not able to answer the question. Conclusion: The sexual effects of diseases and treatments should be integrated more widely in teaching different disciplines of medicine.

272 ATTITUDES TOWARDS SEXUALITY AND ATTACHEMENT IN UNIVERSITY STUDENTS IN SPAIN AND COSTA RICA: A TRANSCULTURAL STUDY, Amaia Del Campo, Spain. acampo@usal.es.

The aim of the present study is to explore the cultural differences in attitudes towards sexuality and in affective style between young people from Spain and from Costa Rica. A total of 1476 university students, 75 from Spain (52% men and 48% women) and 72 from Costa Rica (52.8% men and 47.2% women) with a mean age of 21 years were included in the study. The subjects attitudes towards sexuality were evaluated with the Fisher Attitudes towards Sexuality Scale (1988, adapted by López), which assesses the disposition of young people to respond to sexual stimuli along the erotophilia/erotophobia dimension/continuum. Adult affective style was assessed using the Relationship Questionnaire of Bartholomew and Horowitz (1991), which allows subjects to be classified on the basis of four styles of adult attachment: secure; dismissing, preoccupied and fearful. Factorial ANOVA analyses were performed, taking as the independent variables sex, affective style and nationality and, as the dependent variables, both the total score obtained in the attitudes towards sexuality scale and the score given to the 13 items of the scale. The results showed that young Spanish people show significantly more permissive attitudes towards sexuality than their Costa Rican counterparts. No significant differences were observed between the sexes and between the secure and insecure attachment groups on considering the global score for the sexuality scale. However, item analysis revealed some significant differences between sexes.

273 MEN WITH ERECTILE DYSFUNCTION. HOW MANY ARE THEY REALLY?, Axel R Fugl Meyer, Sweden. axel.fugl-meyer@rehab.uu.se.

Background and Objective: With increasing availability of oral treatment modalities against erectile dysfunction (ED) correct estimates of its prevalence appear mandatory for calculations of health economic resources associated with its treatment. This poster aims to provide an up-to-date survey of the available regionally or nationally representative literature on ED-prevalence as located through data-bases and books. A total of 15 published studies from the decade 1993–2002 were found. **Results:** Lack of internationally standardizations of definitions and severity of ED is an obstacle for comparisons. In this presentation the DSM IV, A category guidelines are used. In northern European countries Manifest ED (MaD) prevails in 5–8% and mild, sporadically occurring ED (MiD) in 15% (Denmark), 29% (Sweden) up to 49% (Finland). MaD is clearly more prevalent in France and Germany (19%). In between is the Netherlands (13%). In these countries 23–28% have MiD. From Spain particularly low prevalence has been reported (MaD 3%, MiD 16%). In the USA MaD prevails in 10–12%, with the exception of a much quoted study from Massachusetts (MaD

35%, MiD 17%) in men aged 40–69 yrs. Conclusions: Epidemiological studies of ED are scant, and hardly exist for the major part of the global population. Discrepancies in prevalence may reflect socio-cultural differences, a major course, however, probably being operationally determined methodological differences. This most definitely is an obstacle for dimensioning of ED-care resources and governmental subsidies for ED-treatment.

**274 SEXUAL PREDATORS: LOVEMAPS AND THEIR PERVERSIONS
SEXUAL CRIMES IN JUAREZ MEXICO,** Sergio Rueda, México. fund_internacional@hotmail.com.

Over the last decade more than three hundred women have disappeared from the streets of Cd. Juárez in Chihuahua Mexico, many later found raped, mutilated and murdered, their bodies dumped in ditches on the desert. But even more stunning than the number of deaths has been the failure of law enforcement to put a stop to the killings. Many law enforcement officials and criminologists, consider the killings as one of the largest sprees of serial killings against women in the history of humanity, which have attracted worldwide attention. The cases date back to 1993. The victims were, mostly, poor plant workers. The inept investigation by law enforcement officials to solve the crimes shows a disregard for the victims that is racist, sexist, and classist in its attitude. The cases have been investigated by one of the authors since 1993. His findings, which were publicly presented to the local press in the early stages of the crimes, show a profile which points toward the existence of one or more killers in a position of political and economic power. The apparent killers appear to show such symptoms of paraphilias, most likely asphyxophilia and sadism. Among the findings by the authors, most of the victims showed obvious patterns, among others: They were poor females, either adolescents or young adults. They were dark skinned and slim, with shoulder length hair. They were strangled and/or raped. Many of them were mutilated in similar parts of their bodies. More over, in spite that law enforcement officials have declared the problem solved, the murders continue under very similar patterns as the ones profiled by the authors. Furthermore, the cases have been hampered by contaminated or destroyed evidence, threats against witnesses, assassinations of independent investigators by government police, which imply police corruption and incompetence. Finally, the aforementioned conclusions are supported by the fact that one of the authors has treated in counseling one of the main suspects in this case.

**275 CONDOM USE AT LAST INTERCOURSE FOR YOUNG MEN WITH
MULTIPLE PARTNERS IN HOME AND FOREIGN CITIES,** Anne E Norris,
United States. norrisa@bc.edu.

The potential for spread of HIV and other STIs increases when individuals engage in unprotected intercourse with more than one partner in different parts of

the world. This paper investigates condom use with a casual partner in a foreign city by young men who 1) have a single, steady partner back home ($n = 29$), 2) young men who engage in casual sex back home ($n = 147$), and 3) young men who both have a steady partner and engage in casual sex back home ($n = 161$). These men are part of a larger sample ($n = 1316$) of enlisted male, Navy personnel, deployed on an aircraft carrier (mean age = 22 years) who participated in an anonymous survey in Spring 2002 (response = 65%). Demographic results for the three groups were fairly similar. However, men with only a steady partner back home were most likely to have been married and least likely to have used a condom at last intercourse ($p < .01$). Men with both steady and casual partners back home were most likely to have more education ($p < .05$), but this was unrelated to condom use ($p = 1.00$). Interestingly, alcohol use, age, length of time in the Navy, and peer norms had no effect on condom use ($p > .10$). However, the casual partner's desire to use a condom and whether or not the young man carried a condom with him when he was off duty in a foreign port did ($p < .01$). Study findings argue for the importance of providing young enlisted personnel with condoms in foreign ports and encouraging sex workers to insist on condom use.

276 INCORPORATION OF THE GENDER PERSPECTIVE AT THE JUSTICE POWER OF ATTORNEYS, Verónica Najera, México. veronajeramx@yahoo.com.

The Mexican women have increased their participation at the political, labor, and cultural scopes, but they still do not have social power so that laws guarantee the fairness between men and women. Or like victims or infractors, the women constantly live impunity, the injustice and the discrimination that moves away them from justice guilty and expeditious. As well, the lack of institutionalized programs with gender perspective, places to the operators in a masculine monopoly, not being free of violence situations and discrimination by gender and becomes, in many cases, twigs the users. The incorporation of the gender perspective at the justice administration is very important to recover the confidence in a system characterized by unpunished. These factors arise to sensitize and to enable to the operators of justice in the fairness concept; constructing and spreading new meaning for the reaffirmation of values that allow a legal culture based on the tolerance, the respect and the fairness. Thus existential factories were made dynamic, as tools of analysis and reflection; which allowed to identify the asymmetries, the inequalities and the phenomena of exclusion toward men and women. In addition, they promoted from each individual essential changes that were reflected in the improvement of their interpersonal relations, as much in the daily scope of family like in the development of his tasks related to public service.

277 ADAPTATION AND VALIDATION INTO SPANISH OF THE FUGL-MEYER LIFE SATISFACTION CHECKLIST 8 ITEMS (LISAT-8) TO BE USED IN PATIENTS WITH ERECTILE DYSFUNCTION (ED), Javier Rejas, Spain. javier.rejas@pfizer.com.

Satisfaction with Life and Treatment are becoming areas of interest for health-decision makers, clinicians, researchers and pharmaceutical industry. Instruments assessing this field are increasingly being incorporated in clinical trials, particularly in those exploring sexuality and erectile function. The Fugl-Meyer Life Satisfaction Checklist was developed in Swedish and UK English. The purpose of our investigation was to adapt and validate into Spanish, the 8 items-UK English-version. To be used in patients with ED. A longitudinal-prospective study was designed to perform adaptation. 592 out-patients 24–82 years (mean age + SD: 57,9 + 9,2); 537 with ED, and 55 matched-healthy volunteers. An expert panel coordinated the entire validation process. Original scale was forward and back translated in duplicate and a cognitive debriefing and a pilot testing in 8 subjects were conducted to produce a final version. The instrument was administered two times separately 12 weeks to evaluate sensitivity to change after treatment with sildenafil. Test-retest reliability was assessed in a sample of 30 patients. Also, internal consistency, construct validity, concurrent validity with satisfaction domains of IIEF and discriminant capacity of the questionnaire were evaluated. Factor analysis showed three main factors as in the original. Internal consistency was high (overall Cronbach alpha = 0,84) and stable (intraclass coefficients >0,80), and correlated moderately with sexual satisfaction and overall satisfaction of the IIEF ($r = 0,409$ & $r = 0,387$, $p < 0,001$ in both cases). Instrument is able to separate controls from ED patients ($35,2 + 5,9$ vs $30,2 + 5,9$, $p < 0,001$), and ED subjects according to severity (ANOVA; $F = 28,96$, $p < 0,001$). LISAT-8 was responsive to change after treatment with sildenafil ($30,2 + 5,9$ vs $34,7 + 5,6$, $p < 0,001$). As a conclusion, a valid and reliable Spanish-language version of LISAT-8 has been successfully produced to be used with ED patients.

278 TOWARDS A RESPONSIBLE SEXUALITY, Patricio de la Paz Hino stroza, Chile. delapaz@telsur.cl.

To broach sexuality in Osorno, it would be necessary to educate the community about sexual matters, work on responsible sexuality through a crossover between institutions and use art as vehicle to reach people. During the experience, community intervention was used towards teachers, pupils, and anyone who was interested. A week with artistic and academic activities was also made with the participations of 660 people. This unusual way to broach sexuality (using art and science) made the interest of different institutions possible. And it also made feasible the creation of a gender web which is working since 2002.

279 PENILE AUGMENTATION IN DYSMORPHOPENOPHOBIC PATIENTS USING A PORCINE DERMA GRAFT, Stefano Pecoraro, Italy. uropec@tin.it.

Introduction: Penile augmentation and lenghtening surgery in dysmorphopenophobic treatment is undergoing a constant evolution due to controversial results and a lack of standardized surgical techniques. In this work we describe a new innovative technique to enlarge and lenghten a penis using a graft of porcine derma (Pelvicol Bard®). **Materials and Methods:** The first step of the surgery technique begins with a V-shaped access on the pubic area, continues with the fundiform and suspensory ligaments excision and ends with the degloving of corpora cavernosa followed by the isolation of Buck's and Colles' fascia. In the second step, three patches of Pelvicol Bard® porcine derma, 2 × 10 cm, are positioned longitudinally over the corpora cavernosa and sutured using PDS 3/0. Finally, the penis is ingloved and a piece of shaped silicone is inserted and sutured on the pubic arch and the crura to avoid the subsequent cicatrization process between the pubis and corpora cavernosa. **Results:** The patients sexual activity is quickly resumed due to functional respect of corpora cavernosa which were not altered during the operation in their anatomic integrity. The porcine derma is easily grafted due to its flexibility and resistance to the sutures. The average increase reached in penis dimensions has been about 15% in lenght and 20% in circumference. **Conclusions:** The single access on the pubic area has allowed a good cosmetic and functional result without any major complications (infections, graft rejection, etc.) during the post-surgery follow-up which resulted in complete patient satisfaction.

280 SEX ATLAS-GUIDELINES TO PLAN AND IMPLEMENT SEXUALITY EDUCATION IN SCHOOL, Hans Olsson, Sweden. hans.olsson@rfsu.se.

RFSU thinks that schools need different kinds of support for the sexuality education (printed material, training courses, Internet, reports etc), and that it must be "easily accessed" and easy to use. That is the reason why RFSU has produced The Sex Atlas. The Sex Atlas is a concise publication, a booklet, for planning and looking into the sexuality education at the individual school. It can be used as a help to plan and/or start sexuality education as well as for quality assurance. It can be used by individuals as well as by a working team or the headmaster/s. The idea with the booklet is simple. By a set of questions one can examine the sexuality education at the school. An introduction about research and findings on sexuality education and planning is followed by the questions to the teachers/school staff/board, divided into four parts: Preconditions, Content and Methodology, Organization, and Planning and Responsibilities. The Sex Atlas focuses on approaches to sexuality education, values and organization rather than on biological facts (e.g. like puberty and STIs), as the schools are better at working

with the latter issues than with societal aspects on sexuality. The gender perspective is especially mentioned. We hope that by putting the “right” questions we guide the teachers to an improved sexuality education. The booklet is also published on the RFSU School Site. The Sex Atlas has not been evaluated yet, but it has become very popular in schools and reprinted twice. This presentation will give you an overview of the Sex Atlas and its content.

281 THE RFSU SCHOOL SITE ON SEXUALITY EDUCATION—A SUPPORT TO SCHOOLS AND SCHOOL STAFF, Hans Olsson, Sweden. hans.olsson@rfsu.se.

All schools in Sweden have access to the Internet. Internet is an effective communication link to many people at a fairly low cost. At the end of 2001 RFSU started a “School Site,” connected to RFSU’s regular home page, www.rfsu.se. Target group is school personnel, primarily teachers, working with sexuality education. The purpose is to give teachers information, knowledge and tools to work with sexuality education, but also information about policy and politics in the field of sexuality. Furthermore the school site gives RFSU the opportunity to supply schools with useful information quickly, or make comments on news. A monthly newsletter is connected to the School Site. The School Site is divided into different sections—Policy on sexuality and sexuality education, Archives of facts, The Notice-board, The so called Teachers’ Room, Education/Training, Educational material and Links and contacts—where one can find articles, summaries from reports and studies, extensive lists of pedagogical material, examples of what other schools do, young people’s questions etc. Creation of public opinion is also a part of the School Site, for instance RFSU’s ten point programme for improved sexuality education and IPPF’s and RFSU’s policies. There is also a Discussion Forum, which so far hasn’t been very much used. The School Site has become one of the most visited pages of the RFSU home page. The home page itself has about 1,100 visits every day (around 30,000 each month).

282 YOUNG MEN AS EQUAL PARTNERS (YMEP): A MALE INVOLVEMENT PROJECT IN TANZANIA AND ZAMBIA 2000–2002, Hans Olsson, Sweden. hans.olsson@rfsu.se.

The HIV prevention project “Young Men as Equal Partners” is a collaboration project between the Swedish Association for Sexuality Education, RFSU, and its sister organizations UMATI in Tanzania and PPAZ in Zambia, financed by Bill and Melinda Gates Foundation. Target groups: Men within the organizations PPAZ and UMATI but also teachers, church leaders, medical staff, youth leaders and others who should influence and motivate men to engage in HIV-prevention and sexual health and rights (SRH) work in the project districts,

one in Zambia and four in Tanzania. Objectives: to build capacity within the organizations, to involve other sectors in the local society and to develop methods to involve men. Among the activities have been base line studies, training of trainers, producing a guidebook on methods in the project, peer education and peer counseling. The project is being evaluated, results to be presented in Dec 2002–Jan 2003. A closing conference will be held in Jan 2003. The evaluation is both quantitative and qualitative. The first findings from Tanzania are clear. The project has contributed to a major change in mind and attitude in the local society towards SRH, especially in the relationships between young men and young women, and about condom use. Before, boys were proud of making girls pregnant, today it is seen as an unmanly behavior. Before, “friendship” between boys and girls also meant that sex was involved, today not. The girls say that there are less sexual harassment and abuse today, and if it happens they dare report the abuser. The teachers report better contact with the pupils. Local Islamic and Christian churches give support to the project. Medical staff is reporting an amazing decrease in STI figures and a dramatic increase of condom use.

283 CULTURAL ISSUES IN THE GROUP THERAPY OF VAGINISMIC WOMEN IN TURKEY, Aluys Kayir, Turkey. akayir@superonline.com.

It's well known that cultural issues have an important impact on the clinical presentation and the treatment of sexual dysfunctions. In sex therapy groups conducted with vaginismic women, in Turkey, some cultural issues are tackled with more emphasis: style of upbringing; living in close family relations; family attitudes and dependency problems; the obligation to protect virginity until marriage; unrealistic expectations regarding the first night of marriage; the censorship on the verbalization of sexuality at home. The treatment of vaginismus in homogeneous group therapies satisfy their need of verbalization of sexuality of the members. Besides a successful outcome of the referral problem, getting an outmost benefit from a culturally sensitive therapy content is a crucial gain, in our point of view. In this presentation, these cultural issues and their effects on the group processes will be discussed.

284 A MODEL OF SOCIAL IMPACT IN SEXUALITY EDUCATION IN LATIN AMERICA: EL ARMARIO ABIERTO, Rinna Riesenfeld, México. rinnaarmario@yahoo.com.mx; elarmarioabierto@hotmail.com.

The Project of EL ARMARIO ABIERTO (The Open Armoire) is today, almost five years after its founding, one of the principal mainstays of sexuality education culture and health in Mexico. This is a private enterprise with a scientific and humanist mission that is self sufficient financially. From its inception, the focus has been to bring to the wide public all that is necessary to understand

sexuality and diversity in a serious and comfortable atmosphere, and what better way than a bookstore that caters to the whole family. We concentrate, besides 6,000 titles that focus on sexuality, diverse educational materials for children and adults that are difficult to find or commercialize. Certified sexologists offer basic information to any question and all available help through courses, therapy, workshops, events and referrals to the best available help for all budgets. We have special sections dedicated for sexual diversity, handicapped, the elderly and all available titles. The basic reference of our work is the Declaration of Sexual Rights of WAS, and we do not allow any material and presentations that go against these principles, which has taken us to belong to several local and world federations, including WAS. We have collaborated with governments, schools, cultural and health institutions, and several NGO's that deal with all aspects of sexuality. One of our main programs has been to help gay, lesbian, bisexual transgender people and their families. We have made headlines in the main newspapers beginning with the inauguration of the Under secretary of Education, and since then have also participated in bringing our message directly to the media, in the main TV and radio programs that deal with sex education, becoming a widely recognized and credible name in our country and in Spanish-speaking America.

285 HELPING FAMILIES OF GAY, LESBIAN AND BISEXUAL LATINOS,
Rinna Riesenfeld, México. rinnaarmario@yahoo.com.mx; elarmarioabierto@hotmail.com.

A large population that has received very little attention and help regarding homosexuality have been the families and friends of GLBT people. There is a very large support system and materials for them in the Western world, but in Latin America there has been very little. Hispanic support groups have their own characteristics. First of all, the sons and daughters generally remain at home, instead of going away for higher education or work, and in Latino ideology one does not tend to look outside for help and keep problems within the family, besides being very apathetic and frightened about social, sexual and human rights issues which prevents support and the possibility of forming groups. Machismo and religious traditions and prejudices also profoundly reject homosexuality, that is why families face tremendous paradigms and ancestral ideologies. These myths have contributes to the fact that 49% of violence and emotional abuse towards gays, lesbians and bisexuals occur within the family framework. Parents need a special and confidential space to talk about their feelings, to share with others in the same situation what they will never talk with anyone else, and to take all the time they need to recognize their children in their full identity. Some later choose to make a social impact. These aspects are covered in the documentary DE COLORES and groups like PFLAG Latino

and books like PAPA MAMA SOY GAY by Rinna Riesenfeld. The work with these families is essential in Latino society because real social change will only come about through the families that fight and believe in the rights and their love for their own children. GLB people are a minority that have no one else to fight for their rights, and if their families and friends don't do it, who will?

286 “D.R.E.D.—DARING REALITY EVERY DAY—THE PATH OF A MULTI-SPIRITED, HAITIAN-AMERICAN, GENDER-ILLUSIONING WOMAN!—AND THEN SOME!” (C), Dred Gerestan, United States. dredking@hotmail.com.

(I am interested in performing my one woman show; and talking about my life as a Haitian-American, multi-spirited, performance-artist, activist, and gender-illusioning woman.) Using theatre, dance, humor, music, and cultural history through her performances, Dred brings attention to how society domesticates us into our preconceived notions of sexuality, race, gender, life, humanity, and spirituality. Through her many experiences including being perceived as a black man, transsexual, drag queen, gay man, gender-illusioning woman, and more; through her interpretation and parodying of figures such as Shaft, Superfly, P. Diddy, and even P. Diddy pretending to be Lil' Kim, Dred continues to explore how society's conventional gender roles, sexual norms, and concepts of beauty are repressive and oppressive and have caused needless suffering. Through performing, sharing her experiences, and eloquently exposing the artificiality and performative aspect of sexism and misogyny. Dred deconstructs masculinity, reinvents conventional gender roles, restages sexual politics, and reappropriates the sexist language of the songs she uses. Through sharing her life experiences as Mildred and Dred, she shocks people into thinking more about the concepts of “beauty” and “normality” portrayed in mainstream—present and past—creating more acceptance of people who are considered “different.” She inspires people to honor and accept the differences in their selves, and each other. She brings attention to the fact that although society's “rules” place much importance on one's appearance; it is more important to be true to yourself, and feel the freedom to do so. Dred is about crossing and breaking boundaries. More info (press, bio, resume, etc.).

287 SEXOANALYSIS, Manuel Manzano, Spain. cuasba@cuasba.com; cesarmanzano@ole.com.

Sexoanalysis, which must not be confused with Psychoanalysis, is a sexual development theory as well as a therapeutic approach specifically designed for the treatment of sexual disorders. As sexual development theory, SA aims to identify the different lacks which occur during the psycho-sexual development and individuation process with the sexual disorders which could be associated with

them. Sexuality is seen like a psychic construction to satisfy a series of psycho affective needs or also, to camouflage or protect from some conflicts, where sexuality takes a more personal meaning depending on the individual. This is why SA tries to go beyond sexual behavior, studying also, the sexual aspects in intrapsychic, symbolic and imagery dimensions. As a therapeutic model SA aims at the reestablishment of a functional and integrated sexuality. Patients are brought to an understanding of the meaning of their problem from an analysis of their behavior, erotic and anti-erotic fantasies and their correspondents benefits and anxieties (conscious and unconscious). Secondly, the erroneous and immature erotic imagery modification lets the gradual disappearance of the anxieties allowing finally the modification of trouble in the reality. For this, SA uses its own techniques of decodification of fantasies and sexual dreams as well as elaboration and transformation of the erotic imagery, taking into consideration criteria of maturity and sexual health. SA is thought since 1984 in the Second University Level of the clinical specialization in sexology in the Quebec University in Montreal (Canada) and since 1996 in Spain.

288 THE QUALITY OF SEXUAL AND EMOTIONAL LIFE DURING MATURE AGE: A PROPOSAL FOR AN EVALUATION, Nada Starcevc, Italy.
nada@biopsicologia.it.

An interdisciplinary research of menopause effected at USSL35 (Menopause Centre at Abbiategrasso Hospital (Milano). Evaluation and prevention of physical and psychological risk in problematic and difficult relationship of the couple. The study involved approximately 300 women of pre-menopause as well as menopause age. It was conducted by method of a semi-structured interview through a specific psychological investigation questionnaire. Aim of this study was an evaluation of the emotional quality of the couple as well as the gratification of sexual pulsations as related to the global well-being of the individual. In synthesis, it can be deduced from the existing data that individuals who are in good health generally have a good degree of satisfaction of their emotional and sexual desire.

289 UNEMPLOYMENT, AGE AND DEPRESSION AS RISK FACTORS FOR ERECTILE DYSFUNCTION AND FEMALE LACK OF SEXUAL DESIRE, Carmita Abdo, Brazil. abdo@dglnet.com.br.

Objective: Present the prevalence of erectile dysfunction (ED) in men and lack of sexual desire (LSD) in women and estimate the risks for these dysfunctions when they are unemployed and depressed. Material and methods: 2,835 subjects (47% men and 53% women), older than 18 years old answered an anonymous questionnaire about general health, habits, practices and sexual difficulties. Chi-square and multivariate logistic regression tests were used. Values of 0.05 were

considered statistically significant. Results: 22.5% of men and 41.0% of women were unemployed. 14.7% of men presented moderate/complete ED and 34.6% of women had LSD. Depression was mentioned by 16.8% of men and 29.7% of women. Unemployed men and women presented higher prevalence of depression and of the sexual dysfunctions researched. Among men, unemployment increased 1.83 times (95% CI; 1.22–2.77; $p < 0.01$) the chance of ED, and in 1.93 times (95% CI; 1.25–2.97; $p < 0.01$) for depression. Compared to men who are younger than 25 years old, men who are 41–60 have 1.86 times (95% CI; 1.06–3.28; $p < 0.05$) higher risks. Men who are 61 or more have 4.31 times (95% CI; 1.93–9.62; $p < 0.001$) higher risks for ED. Among women, unemployment increased 1.66 times (95% CI; 1.29–2.14; $p < 0.001$) the chances for LSD. Depression has not increased the chances for LSD in this sample. Concerning age, compared to women younger than 25 years old, those who were 41–60 have risks of 2.92 times higher (95% CI; 2.01–4.07; $p < 0.001$) for LSD, whereas in those women who were older than 61, the risk is 7.59 times higher (95% CI; 3.11–18.52; $p < 0.001$). Conclusions: Unemployment and age were considered risk factors for female LSD and for ED. Depression has also increased the risk of ED.

290 AN ASSESSMENT OF THE FULL CIRCLE PROJECT, Josephine M Macintosh, Canada. jmm@ampsc.com.

High-risk sexual behavior (HRSB) persists among youth and is reflected in the rising incidence of HIV and other sexually transmitted infections (STI) among this population. In this presentation, I will describe the results of the "Full Circle Project" a theatre-based, peer-driven HIV prevention/sexual health education program. This community-based initiative was guided by established research and was designed to promote sexual health and responsible sexual behavior among in-school youth. The program was implemented in Victoria, BC, Canada in May of 2002, when we presented an original one-act play in four weekly installments, each followed by talkback sessions. Participants ($N = 125$) were from eight classes at 3 local schools and included grade 8, 9 and 10 students with a mean age of 14.1 years. Effectiveness of the program, written by youth, for youth, was measured using naturalistic observations of the audiences, weekly written feedback, and content analysis of videotape-recorded interviews with actor/peer-educators. It was hypothesized that: 1) This approach would engage the audience; 2) confidence in ability to use prevention strategies would be increased; and, 3) This approach would increase actor/peer-educator levels of knowledge about HIV/STI and sexual health issues. Results suggest that using peer-education and theatre together is a promising format for the delivery of HIV/STI prevention education and sexual health messages and that the initiative was well received by both students and teachers. It is noteworthy that 84% of

the students who responded to the survey questions reported increased confidence in dealing with selected interpersonal sexuality-related issues after participating in the program. Applicability to other audiences will be discussed.

291 THE SOCIAL REPRESENTATION OF MASCULINITY AND FEMININITY IN STUDENTS OF PSYCHOLOGIST, Leticia Villarreal Caballero, México. levicab@hotmail.com.

The profile professional of psychologist at the University of Colima, Mexico on through its new educative model CIACE, has within its characteristics creative, innovating, participative, among others. Which is the representation that has future health professionals on sexuality? They would apply the future polices of integral health. This preliminary study has like objective: To identify the Social Representations of the masculinity and femininity with a genre perspective. There were involved 20 students of psychologist, (10 men and 10 women) through the technique of focal groups, obtaining the following results: Independently of the sexual orientation they revealed a consensual family social. femininity: sweetness, gentleness, sensitivity and masculinity: force, virility, activity. Denoting in the sample a poor knowledge of the genre model.

292 THE SOCIAL WEAVE OF THE UN-EQUALITY OF GENDER: THE CASE OF SUBURBAN LOCALITY AT YUCATAN, Yolanda Oliva Peña, México. opena@tunku.uday.mx.

The present research is socioanthropological type of un-equality of gender from socialization of attitudes, knowledge, feelings and practice, to mould mentalities and in relation to body. Methodology: This research wants to comprehend of the subjectivities, its women's meaning, of the violence, and construction of the un-equality of gender, with the following boarding: 1.-Application a questionnaire of opinion, to 208 women. 2.-Participative factories (with: teachers, personnel of health, women, young-students) to collect the social imaginary, and to include it in scrip of interview to depth interview. 3.-We made 9 depth interviews in three generations of women. Conclusions: The group of adults of more of 50, present: the average of schooling was of three generation. They speak Mayan, use the traditional clothing, average 6 children, with homes in extreme poverty and resignation with their life, to them is denominated traditionalistic. In the other women, found: Knowledge: younger obtains a greater level of schooling and handling of their, relation of body, delays their sexual relations at the end of their high school. Attitudes: in the women of 40 to 50 years the information is opening for the control of the body in their daughters and their own process. Feelings and Practices: youngers have a greater self-esteem, demanding spaces and practices that previous generations were denied, like the work and leave the community, also the separation in case of mistreat. The younger adults

develop feelings of un-satisfaction, distresses and depressing by the life of pair, but without divorce.

293 DIVERSE WATCHED OF PROCRETION IN A RURAL CONTEXT OF YUCATAN, Andres Santana Carvajal, México. asantana@tunku.uday.mx.

The present research is socioanthropological type that studies to a group of pairs of rural means on desisions of procreation. In diverse contexts the expectation of mayory of the pairs exists to reproduce, but regulating the number of children who are wanted, this value depends on social prestige, the socioeconomic and cultural satisfactors in a certain time. Methodology: Applied a questionnaire to 50 pairs with children; each member separately. At the same time interviews with other social actors (five representing monks, four traditional medical, four doctors, two nurces and a grup of health promotors) related to the reproduction. In a third moment depth interviews were made to eight pairs of two types of domestic groups. Conclusions: I can be observed that according to information, the opportunities of reproductive tecnological and contraceptive practice to the influence of the institutions (family, religion, medicine and others), cause that the pairs modify their interpersonal relations; it found traditional pairs in which the men have greater influence in decisions, and modern pairs in which both members participate in their desisión of having a baby.

294 HERMAPHRODISIAC ANYONE?, Jennifer E Germon, New Zealand. jennifer.germon@genderstudies.usyd.edu.au.

My doctoral research is concerned with the (relatively recent) history of the concept of gender, arguably the most significant conceptual tool available in the English language today. The use of gender in the context of a human attribute can be traced back to the early 1950s when eminent sexologist Dr John Money used it to explain how hermaphrodite individuals were able to acquire a masculine or feminine identity despite contradictory bodily morphology. Using an interactionist model marked by social and biological explanations of identity formation Money extended his theories to explain how everybody acquired such an identity. His work has had an enduring influence on clinical and medical practices over the past fifty years, but has certainly not been limited to those domains. Feminist theorists writing during the early 1970s were among those who drew on Money's research. Within a decade the concept had became integral to a burgeoning 'woman-centered' body of knowledge and remains so to this day. More recently gender has been put to work in the interests of gay/lesbian and queer identities and theory. In addition to a textual analysis of these various bodies of knowledge, face to face interviews were conducted with adult hermaphrodite/intersex individuals in order to gain access to some of the ways that gender is understood and articulated by those from whom the concept de-

rived. Data from those interviews would seem to suggest the existence of a form of sexuality hitherto unaccounted for in sexological research and therefore of considerable import to the field. In addition to offering an historical overview of the concept of gender, this paper will explore another dimension of the erotic.

295 KNOWLEDGE ABOUT SEXOLOGY THAT RESIDENTS OF POST-GRADE FROM THE CENTRAL HOSPITAL OF MARACAY, Pilar Blanco Guevara, Venezuela. pilarblanco@telcel.net.ve.

Objectives: To know the level of sexual information that the residents of the different post-grades from the central Hospital of Maracay possess. **Material and Methods:** We interview to 139 residents of different specialities, using as instrument of data collection a survey 65% were feminine, graduated 95% in four Venezuelan universities and 5% foreigner. 60% are married, 25% unmarried and 15% divorced. **Results:** In the scale of excellent, sufficient and deficient was found that 55% of the sample have sufficient information, 25% excellent and 20% of them the information are deficient. 50% think that the information is adequate, it must add greater information and the most appropriate method is the inductive one only 45% received some type of information in the university. 75% say that in theirs postgrades do not organize meetings to discuss subjects of sexual information. 75% analyzes the sexuality in their patients approaching some related subjects. The 95% shows that sexology classes must be created and all have the opinion that annual conferences of sexology should be made in the hospital. **Conclusions:** The sexual information received by the residents is sufficient but not excellent, and it is imposed to create sexology classes in the universities and carry out conferences on this subject including current topics.

296 LEGAL AND SOCIAL ASPECTS OF CONSENSUAL SEX AMONG ADOLESCENTS IN THE UNITED STATES OF AMERICA, Lorraine T Faherty, United States. Essex627@aol.com.

The age of consensual sex among adolescents varies from country to country and within some countries from region to region, with corresponding legal consequences for violation of the law. Age of consent for same sex activity also varies, both geographically and also between female with female and male with male sex. In some countries same-sex activities are illegal altogether, regardless of age. Within the United States of America (USA), the legal age of consent for male with female sex ranges from 14 to 18. The age of consent for same-sex activity varies from age 13 to totally illegal. This paper describes differential laws governing adolescent sex within the USA and explores the social consequences for heterosexual and homosexual youths. Four central questions will be answered. Why are adolescent sex laws in the USA different from other coun-

tries? Why is there great variation within the USA from State to State? What purposes do these laws serve? How are they enforced and with what social consequences? Recommendations with international relevance are given for enlightened legislation to encourage consistency in laws governing adolescent sexual behaviors.

297 SEXUALITY ANALYSIS IN THE “STREET CHILDREN” OF MARACAY CITY, Pilar Blanco Guevara, Venezuela. pilarblanco@telcel.net.ve.

Objectives: Analyze aspects related to male adolescent sexuality of denominated “Street Children” who walk around Maracay city, Venezuela 2002. Material and Methods: It’s a descriptive, field and statistical research where were applied inquiries with close questions made by the researchers. The population is integrated by 176 male adolescents who walk around the streets of Maracay city, where only 60 boys sample were taken random for the study. Results: 67% of “Street Children” started loving caress when they were 10 to 14 years old. 58% said they have had sexual relationships starting when they were 10 to 12 years old. Love (33%) and curiosity (25%) were responsible of first sexual experience, which was satisfactory in 42% of them, all been heterosexual type. 25% have had homosexual experiences. 67% of them have had more than one couple and 25% receive economic remunerations from women. 83% have been in love. 8% have been sexually abused. 75% have had masturbation experiences from 2 to 3 times a week, which started when they were 10 to 13 years old. 58% tell they like sexual relationships more than masturbation. 53% have any degree of precocious ejaculation. Conclusions: Loving caress began when they were 10 and 83% have been in love. 58% have had sexual relationships, 25% homosexual type. 67% have more than one sexual couple. 75% have masturbation experiences and 53% have any degree of precocious ejaculation. 8% have been sexually abused.

298 SOCIAL AND ECONOMIC ASPECTS AND HABITS OBSERVED IN ADOLESCENTS “STREET CHILDREN” OF MARACAY CITY, Pilar Blanco Guevara, Venezuela. pilarblanco@telcel.net.ve.

Objectives: Describe the social and economics aspects and the habits of adolescents that walk around the streets of Maracay City during 2002. Material and Methods: It’s a descriptive, field and statistical research made on 176 male adolescents population denominated “Street Children,” where only 60 boys sample were taken random to study the planned characteristics. Results: 67% are 12 to 15 years old, 50% live in the mess houses of different poor neighborhoods and 33% have no place to live. 67% belong to heaping homes. Non of them

study and 92% said they studied once but didn't end the basic education. 92% are abused children and 75% of these said they were abused by their mother, followed by their brother, father, stepfather and aunts. It was detected that 83% of them got separated parents. The main causes of school desertion were drugs consumption and money needed. The occupation of 66% them is "ask for money and street seller"; they collect around 1.7 US daily and 91% of them buy food, 75% buy drugs and 50% give money to others. They have scarce and low quality alimentation. All of them take drugs daily (Crack, Piedra, Marihuana) adduced by drug dealers or friends. 95% started in drugs when they were 10 to 12 years. 41% drink alcohol and all of them smoke 5 to 10 cigarettes daily. Conclusions: The "Street Children" belong to heaping homes, none of them study, and their occupation is "ask for money." 92% have been abused, they have low quality alimentation, they all take drugs, smoke cigarettes and drink any kind of alcoholic beverages.

299 IGNORANCE OF SEXUAL AND REPRODUCTIVE RIGHTS: A RISK FOR YOUTH, María de la Luz Estrada Mendoza, México. jovenes@cddmx.org.

This presentation describes how experiences of sexuality in Mexico are tainted by prejudice, myths and guilt. Religious and political leaders, entrepreneurs, health professionals and teachers, as we ourselves, have been educated about sexuality with negative overtones. In this cultural context, young peoples' sexual intimacy is considered risky and illegitimate. Supposed youth promiscuity, adolescent pregnancy and sexually transmitted infections such as AIDS have become a focus for campaigns in Mexico against young people's sexual and reproductive rights, under the premise that they are not capable of exercising their sexuality responsibly. However, as this presentation shows, studies have demonstrated that lack of knowledge regarding sexual and reproductive rights leads to a lack of control over one's body that in turn leads to risks of sexual abuse, violence and teenage pregnancy due to the fact over half of the sexual encounters between young people from 15 to 20 years are unprotected. This presentation analyses the reasons why sexual and reproductive rights are human rights that cannot be separated from other civil, political and social rights. It proposes a code of ethical conduct based on the principles of autonomy, freedom, freedom of conscience, privacy, equality, respect for diversity and responsibility promoting experiences of sexuality that are both pleasurable and fulfilling.

300 REPLYING TO THE YOUNG OF YUCATAN. MEXICO ABOUT HIV/AIDS, Renan Alberto Góngora Biachi, México. vgamboa@tunko.uady.mx.

By the end of 2001, The state of Yucatan was the 4th. national place by rate of incidence of HIV/AIDS among 32 states of the Mexican Republic. In relation to the epidemic in young people, this has increased in the youthful sector to

3% until 1989 to 16% in the period 1989–2001. The Regional Research center of the Univerdad of Yucatán, has become involved in the actions of prevention of HIV/AIDS in different ways. One of them has been to go to the schools od middle and university education level to offer talks of information and prevention od HIV/AIDS. This activity has been carried out from 1985 and since then all the questions about the epidemic made by the young people were collected. In the last months of 1999, these questions were classified in order to give answers also classified by sections. The project was introduced to the University of Yucatan with the purpose of publishing it. The project was approved for the year 2000 an in December 1st., 2000 the book “AIDS in the questions of the teenagers of Yucatan” was presented with a catalogue of 102 questions organized in 6 topics (Definitions and generalities, mechanisms of transmission, measures of prevention, diagnosis and treatment and sexuality); and one section of anniversaries of world-wide campaigns of figth against AIDS. Also 2000, our authorization was given in order to add the catalogue of questions as an appendix to the text book of “Educational Orientation II” published by Mc Graw Hill Interamericana Eds. an the Universidad Autonoma de Yucatan.

301 MEN WHO HAVE SEX WITH MEN: THEIR KNOWLEDGE AND SEXUAL PRACTICES RELATED TO HIV/AIDS EPIDEMIC IN MERIDA, Ligia del Carmen Vera, México. vgamboa@tunko.uady.mx.

Men who have sex with men (MSM) play an important role in HIV/AIDS infection in Mexico. In Yucatan Mexico AIDS cases in MSM represents more than 70% of them. Sexuality is a focal point of this epidemic in Mexico, but little is known about sexual behavior and preventive measures adopted by the MSM community in Merida Yucatan, Mexico. The aim of this study was to evaluate the knowledge, attitudes and sexual practices related to the HIV/AIDS infection in MSM in this city. A descriptive study was carried out on 50 MSM from September 1999 to October 2000. a questionnaire on knowledge an attitudes with regard to HIV/AIDS was applied. Later, a semi-structured interview was accried about on the same 50 MSM in order to know their sexual practices, preventive measures and self-perception of risk about HIV/AIDS. Results: The average age men was 28 years and all of them had mistakes concepts about HIV/AIDS. The incorrect use of condom as a preventive measure was reported and the personal attitudes towards a person infected of AIDS differed if this person was a friend, relative or sexual partner. Only 20% of this men considered themselves in risk of HIV infection. Conclusion.-The MSM in Merida have sexual practices which put them in risk of being infected of HIV/AIDS and, though they realize that condom use is a preventive measure, 40% of them do not use it. It seems that preventive programs have had a little effect on this group, the most vulnerable group today in Yucatan, Mexico.

302 SEXUAL AROUSAL AND DESIRE INVENTORY (SADI), Rachel Toledoano, Canada. racheltoledano@hotmail.com.

Two experiments were conducted with the goal of developing a clinical assessment tool to evaluate the psychological and subjective experience of sexual arousal and desire. In the first experiment, 85 men and 156 women filled out the original version of the questionnaire. Subjects rated 86 descriptors, as they applied to their experience of arousal and desire separately, on 0–5 point Likert scales. Results showed that men and women rated their experiences of arousal and desire in similar ways, and that subjects failed to subjectively differentiate between these two phases of the sexual response cycle. Principle component analysis (PCA) also indicated that the subjective experience of arousal and desire could be described comprehensively by three interrelated factors, including a cognitive-emotional, a motivational, and a physiological factor. A fourth negative control factor was also extracted that reflected dimensions of aversion or inhibition. The second experiment consisted of an inventory in which only those descriptors with means or 1.0, and/or with factor loadings 3.00, were retained. Eighty-two men and 154 rated the 54 descriptors retained for arousal and desire using the same 0–5 point Likert scale. The same four factors were extracted through PCA. Results also indicated that both sexes rated their subjective experiences in similar ways, with the exception of certain items which males and females rated in opposite directions. A scoring system was developed which could yield useful clinical profiles for the different sexual arousal and desire disorders.

303 A MUSLIM MAN SHOULD NOT SATISFY HIS NEED OF HER UNTIL HE HAS SATISFIED HER NEED OF HIM, Andrew Beck, United Kingdom. andrew.beck@bartsandthelondon.nhs.uk.

To study the psychosexual problems and issues in Bangladeshi Muslim men attending an inner London psychosexual clinic. In Islam, as practiced by this community, sex outside of marriage is forbidden and masturbation is 'haram' (forbidden), open discussion about sexuality is discouraged and there are health beliefs linking semen loss with physical weakness and the inability to father male children. Methods: Prospective study using standardized proforma to collect data from 70 Bangladeshi men and 70 controls (Caucasian men) Results: This mean age of first intercourse was 20.6 years for Bangladeshis and 17.7 for the controls ($p < 0.04$), mean number of partners was 8.7 for Bangladeshis and 20.1 for controls ($p < 0.04$), 30% did never masturbated compared to 0% of controls ($p < 0.07$), 26% of Bangladeshis presented with erectile problems, 42% with premature ejaculation, 29% with both compared to 61%, 35% and 0% of controls ($p < 0.06$) Conclusions: Bangladeshi men start their sexual experiences later and have less partners, are less likely to masturbate and more likely to

present with premature ejaculation. They are more likely to be offered medication based therapies and less likely to be offered psychological treatment. The implications of these findings for treatment issues will be considered within the context of Islamic values and practices.

304 COMPARATIVE STUDY OF JAPANESE AND CHINESE WEBSITES ON SEXUALITY RELATED TO INFERTILITY, Kimiko Kayashima, Japan.
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Since the year 2000, there has been an increasing number of new websites about fertility in both Japan and China, and the types of sites vary markedly between the two countries. We sorted through the topics on the websites for infertility, and categorized them into three types of concerns shared by users: 1) physical concerns of self and his/her partner resulting from infertility; 2) sexual behavior in relation to being infertile; and 3) sexual ethics in relation to treatments for infertility. We looked with a view toward determining the characteristics unique to each country. We then focused on the topic of sexuality to discover if there are particular tendencies among users reflecting their own particular cultural backgrounds. In Japan, almost all users of these sites are women, and their main concerns are: the ethical concern over the diagnosis of dominant inheritance of the fetus mainly by amniocentesis, and difficulties explaining to family members that they are carrying a baby at an advanced age. In China, male users voice concern about male infertility, especially sperm abnormality, while female users cite concern over infertility treatment in light of past medically-induced abortions. On the subject of sexuality, there are unique concerns among Japanese sexless couples who wish to conceive, and in China many express concern about the lack of knowledge about sexual behavior.

305 SEXUAL DYSFUNCTION AND FIBROMYALGIA, Graca Santos, Portugal. mjquarti@ci.uc.pt; zulmirasantos@mail.telepac.pt.

Patients diagnosed with fibromyalgia (FM), according to the criteria of the American College of Rheumatology, have many other somatic complaints, sometimes including the so-called functional somatic syndromes, the irritable bowel syndrome and the chronic fatigue syndrome being two well-known examples. In our consultation, we have seen a significant number of patients with sexual dysfunction, for example vaginismus, associated with several functional somatic symptoms, thus suggesting the hypothesis for some common features. With this context in mind, we intended to compare the psychological profile and some longitudinal aspects of two samples of patients, with the diagnostics of FM and sexual dysfunction. Our hypothesis is that some sexual dysfunctions, including vaginismus, may have a curious relationship with fibromyalgia. We have looked for traumatic antecedents in both groups of patients, with a self-

report questionnaire. We have also paid attention to current psychopathology and some other psychological indices, as measured by some well-known psychometric instruments. Besides the Brief Symptom Inventory, we have looked for the quality of their current conjugal life, measures of general satisfaction and coping strategies. As to the longitudinal part of the study, besides the above mentioned past traumatic events, we have looked for experiences of childhood abuse and neglect, illness experiences, and developmental issues related to sexuality. We have also made small interviews to the spouses, searching for relevant relational themes.

306 SEXUAL SCHIZOPHRENIA: ON THE FRONT LINES OF AMERICA'S CULTURE WAR, Lara Rodriguez, United States. Iriscol@ome.com; sexaware@evokes.com; lara@evokes.com.

Aside from its medical use, Merriam-Webster's Collegiate Dictionary defines schizophrenia as "contradictory or antagonistic qualities or attitudes." While social conservatives decry rampant promiscuity for the decline of Western Civilization, the global economy rests on promoting sex in sleazier, more shocking ways. Traditionalists battle sexual fallout from modernity's increased technology, equality and freedom by denying sexual health education, services and rights. What to teach our kids about sex is ground zero in America's escalating culture war: unwed chastity vs. safer sex, moral idealism vs. messy realism. But the Religious Right has hijacked U.S. political power and public debate, reducing domestic and international policy options to abstinence vs. condoms, purity vs. promiscuity, Good vs. Evil. Youth, women, the poor, ethnic and sexual minorities—and countless others with a shaky start in life—are this nostalgia-fueled war's greatest casualties. Sex journalist Lara Riscol will contrast the State's retro POLITICAL trends with modern CULTURAL TRENDS, while connecting resultant controversial policies that pervert sexual lives in the U.S. and beyond. Ultimately, Riscol calls for sexual health and rights advocates to strategically combat today's dominant anti-sex cultural narrative by framing a MORAL RESPONSE for media and mobilization.

307 GENDER DIFFERENCES IN ATTITUDES TOWARDS DIVERSITY, GENDER ROLES AND SEXUAL BEHAVIOR, Sarah Malave, Puerto Rico. smalave@prid.edu; malave@htcn.com.

Attitudes towards sexuality, one's own and others' is a very important element for a healthy sexual development. Holding stereotyped beliefs about gender roles can hinder the development of healthy partnerships and of social relationships. Previous research has shown gender differences in relationship attitudes and beliefs (Sprecher & Toro, 2002). Males hold more traditional attitudes toward women; have stronger anti-femininity status and toughness beliefs (Robin-

son & Lucart, 2000). Whitley & Aegisdottier (2000) found gender differences in attitudes toward lesbians and gay men. Attitudes are mediated by gender-role beliefs, which may legitimize myths to justify antigay attitudes. In the present study, 195 college students in Puerto Rico (51% female) completed a 103-item attitude scale including measures of attitudes toward: gender-roles, gender roles in sexual activity, diversity and homosexuality, female and male sexuality. Significant gender differences were found. Men presented more conventional attitudes than women. Specifically, men were significantly more likely to endorse stereotypical gender-roles, and more traditional, sexist views of women in their role in sexual activity, in particular. Males were also more likely to espouse conventional views with respect to male sexuality. Female respondents' attitudes toward female sexuality were slightly less conservative than males', but this difference was not significant. No gender differences were found in attitudes toward diversity and homosexuality. Implications are discussed in terms of the need for early education on sexuality and diversity.

308 REAL PEOPLE, REAL SEX: DR. SOMMERS' TEACHING VIDEOS,
Frank G. Sommers, Canada. sommers@sympatico.ca.

This video compilation of some of the author's own productions depicting real people, not actors, will illustrate the possibility of sexology professionals creating their own educational/therapy materials. The wider availability of video cameras makes this opportunity to produce locally relevant and appropriate materials an exciting endeavor for therapists and educators. Familiarity with, and adherence to, the Ethical Guidelines of the WAS on the use of these aids will be

309 12 YEARS OF SEXUAL COUNSELLING FOR THE YOUNG, Santiago Frago Valls, Spain. sexologicacipaj@ayto-zaragoza.es; sfrago2000@yahoo.es.

The Sexual Consultancy Centre of Information for youths of Zaragoza Council (CIPAJ) and the University of Zaragoza has been offering its services for the youth, non stop, since 1990 (for 12 years) This service is intended to help young people and university students from the ages of 15 to 30 (about 140.000 young people). Due to our vast experience in sexual counselling, we are ready to offer the most professional relevant conclusions to sexuality. We intend to provide knowledge and focus on the demands, worries and habitual needs of the participants. This service is completely free and confidential. You can be helped personally, as well as by phone or e-mail. Throughout the years, we have been able to find out what interests our youths the most and, therefore, refine the counseling strategies effectiveness. At present, we are offering a mixed pattern of sexual counselling which permits both individual attention and group work. From the

scientific point of view, we seek to clarify the three-line intervention policy: "Education-Counselling-Therapy."

310 ALCOHOL MYOPIA, EXPECTANCIES, AND RISKY SEXUAL DECISION-MAKING, Susan A Stoner, United States. sastoner@u.washington.edu.

Alcohol intoxication is an important risk factor in the incidence of unprotected sex. In conjunction with alcohol expectancies, the phenomenon of alcohol myopia may produce errors in judgment and risky sexual decision-making, increasing the likelihood of having unsafe sex. This hypothesis was examined in an experiment with male and female subjects ($N = 115$, mean age = 24.9 years) Subjects completed measures of sexual attitudes and sex-related alcohol expectancies before being randomly assigned to receive a nonalcoholic beverage or a low or moderate dose of alcohol. After a criterion level of intoxication was reached, each subject read an eroticized vignette in which he or she was the main character on a date with a new partner. Subjects were asked to rate the likelihood that they would engage in various sexual activities with no condom available. The results showed that increasing intoxication produced greater likelihood of risky unprotected sexual activity, including genital-to-genital contact, oral sex, and intercourse. Women consistently rated the likelihood that they would engage in such behavior lower than men did. Among subjects acknowledging a likelihood of intercourse ($N = 69$), intoxication was associated with an intention to cease sexual activity before ejaculation, suggesting a myopic view among intoxicated subjects that doing so would negate risk. Among intoxicated subjects, higher likelihood of unsafe sex was associated with a priori expectations that alcohol would enhance sexual activity. The results are consistent with expectancy and alcohol myopia models of post-drinking sexual risk-taking. Implications will be discussed.

311 GENDER DIFFERENCES IN SEXUAL AROUSAL TO EROTIC FILMS: THE MEDIATING ROLE OF SEXUAL SENSATION SEEKING, William H George, United States. bgeorge@u.washington.edu.

Research consistently finds that women report less sexual arousal than men in response to sexual stimuli. Little research has investigated what social psychological factors may underlie this gender difference. The present study examined whether individual differences in sexual attitudes partially explain gender differences in responses to erotic stimuli. Twenty-four men and 27 women (Mean age = 23) were recruited from a large urban community. The sample was predominantly European-American (76%), Asian/Pacific Islander-American (9%), and African-American (6%) In a laboratory setting, participants viewed 15 film clips that depicted sexual activities between a man and a woman. Ratings of individual clips were averaged into one index of sexual arousal ($\alpha = .99$)

Prior to clip viewing, participants completed the sexual sensation seeking scale (Kalichman & Rompa, 1995). A series of regressions were performed in order to test whether sexual sensation seeking mediated the effect of gender on sexual arousal. Overall, men reported greater sexual arousal than did women ($B = -30$, $p < .05$) There was also a significant, positive relationship between sexual sensation seeking and sexual arousal ($B = .36$, $p < .05$) When both sexual sensation seeking and gender were entered into the regression, the relationship between gender and sexual arousal was significantly decreased ($B = .10$, $p < .05$.) These results suggest that individual differences in sexual sensation seeking may mediate gender differences in sexual arousal to erotic stimuli. These findings hold implications for social psychological theories of sexuality, and for developing stimulus materials for sexuality research.

312 REALITIES AND THE (RE) INVENTING OF SEXUALITIES: HIV/AIDS, YOUTH CULTURE AND SEXUALITY IN AN URBAN TOWNSHIP IN SOUTH AFRICA, Terry Ann Selikow, Canada. tselikow@ualberta.ca.

This paper explores youth culture, sexuality and HIV/AIDS in South Africa. I illustrate how gendered power relations amongst young South African women and men operate through both material and symbolic realities that interact in complex and contradictory ways. I propose that to understand the sexual relations of youth, it is useful to use a Critical Realist Discourse Analysis (CRDA) methodology. Rather than working within positivistic bio-medical methodologies, CRDA emphasizes the importance of material and cultural contexts in the study of sexuality. CRDA is based on a synthesis of hermeneutics, postmodernism and critical theory. It adopts a critical realist ontology and relativistic epistemology to accommodate a focus on both material reality as well as symbolic constructions, and hence can offer valuable insights into the study of sexuality. Using this synthetic methodology, I explore how contradictory and competing discourses are received and rescripted by youth within a historical, cultural and material climate that both enables and constrains youth. I argue that youth (re)invent their own sexual discourses and behaviors. In this ongoing struggle, hegemonic discourses and practices that emerge are violent and patriarchal and encourage risk taking and the commodification of sex. Thus, ironically, in their struggle to reclaim power and exert agency, destructive sexual relations develop amongst youth which facilitate the spread of HIV/AIDS.

313 MEN'S GENITAL SEXUAL AROUSAL & ALCOHOL INTOXICATION: A CRITICAL RE-APPRAISAL, William H George, United States. bgeorge@u.washington.edu.

Laboratory researchers concluded in the 1970's that alcohol suppresses men's genital arousal and that this effect increases with dosage. Because this suppression

effect remains incongruous with pervasive evidence indicating that alcohol fosters sexual excess, we reappraised the scientific data about this conclusion. We reasoned that standards of rigor have increased in alcohol experimentation over time and hypothesized that the pertinent findings would now be deemed less supportive of alcohol suppression. We tabulated findings from 16 published studies and found that support for the suppression conclusion rests on only 44% of relevant experiments. We then critically evaluated the scientific rigor of these experiments. We found that, while the suppression effect indeed seems to increase with dosage, the percentage of studies providing support for suppression appears to vary inversely with the rigor of the experimental methodology. Among the more rigorous experiments, the majority of findings failed to support the suppression effect regardless of dosage. We conclude that experimentation on alcohol genital effects was prematurely truncated, perhaps due to the ascendance of interest in alcohol expectancies. As a consequence, important questions about the topography of male sexual arousal remain under-investigated or uninvestigated. Important knowledge gaps about post drinking arousal are discussed.

314 THE PROJECT YOUNG MULTIPLYING: AN EXPERIENCE WITH DEAF PEOPLE AND LISTENERS, Samara de Olivera, Brazil. samara.olivera@hotmail.com.

During the work of young people formation, in the first year of the Young Agent Program, the sexuality appeared as demand of yearnings of day-by-day of youth. The Objective of this Project was to contribute across a work in sexuality to the better adolescent insertion in the society like citizen and to qualify them in prevention at Sexuality Transmitted Infections and AIDS to be prevention in theirs community. The work developed with deaf people and listeners teenagers between 14 and 18 years old, who lives in poor communities in Niterói/Rio de Janeiro. The methodology of the project consists of three weekly meeting, with four hours a day where they had been developing games, workshops, conversations you pray, in accordance with the topics. These had been selected and planned together with the young across of subjects as: reproductive, teenager's life, family, devices, pregnancy, DST/AIDS, sexual's violence, among others. Such subjects had been applied in community activities and events, promoted for the public power in diverse quarters of the city. The young people as the multiplying ones during one year of the project in diverse events and another result important to be detached was integration between deaf people and listeners, in this group. The deaf people were integrating with the excessively young ones, participating of campaigns of all the events developed with the group. We can evaluate of this form, that this experience meant a real practice of inclusion. Still as unfolding of the result of these activities, we had ampliation of the project for 10 groups of Young Agents having as central

subject sexuality and citizenship; capacitating of 23 professionals for future instructors and finally, creation of Sexuality Pedagogy Supervision in the Young Agent Program.

315 CULTURAL PRACTICES THAT CONTROL THE SEXUAL BEHAVIOR OF WOMEN AND GIRLS WORLDWIDE, Andrea Parrot, United States. ap30@cornell.edu.

Many cultures promote practices to control sexual behavior of women and girls. In some cultures, female behavior is limited much more extensively than male behavior. Examples of these practices will be provided as well as the impact they have on the sexual behavior of woman. Sharia-Islamic Law embraced by some countries populated by fundamentalist Muslim communities, results in public lashing for premarital sex, and stoning to death for extramarital sex. Female Circumcision is practiced by many cultures to reduce or eliminate pre- and extra-marital sexual relations, increase bride price, as well as to assure paternity. Religions, such as Catholicism and Islam prohibit sexual intercourse before marriage. Marital rape is considered an oxymoron in that once a woman is married, she is not permitted to refuse sexual relations to her husband. South Africa—virginity testing to publicly document virginity status USA—Abstinence only sex education attempts to keep young women chaste until marriage. Brazil—all female police stations have been established to encourage women to report sexual crimes committed against them by men, including their husbands. Bride burning in India occurs, in part, if women are not adequately fulfilling their sexual marital duties. Acid attacks in Bangladesh sometimes result from women refusing the intimate/sexual advances of men.

316 REPRODUCTIVE RIGHTS AND THE POLITICS OF FUNDAMENTALISM, Dianne Proctor, Australia. jennifer@arha.org.au.

The program of action developed at the 1994 International Conference on Population and Development in Cairo engages with a complexity of moral, ethical and religious positions on sexuality, reproduction and gender relations. Some of the strongest opposition to approaches taken within the Cairo program to sexual and reproductive health has come from organized religion. Notably, fundamentalist sectors of the Catholic and Islamic faith have opposed references made to issues such as contraception, abortion, women's rights and acceptance of non-traditional expressions of sexuality. It would be a mistake however to view the position on sexuality and gender rights as uniform across either of these faiths. Interpretation of religious doctrine varies considerably between different churches, organizations and countries. Not all Catholics, for example, are strict followers of the Vatican. Analysis of the historical origins of contemporary fundamentalist interpretation of religious doctrine is telling in that it reveals the

cultural and historical specificity of beliefs. This paper offers a brief examination of the diversity of interpretations within contemporary Islamic and Catholic faiths and looks at how they have changed historically. The purpose of this is not to question, or attempt to undermine, the faith of individuals and cultures, but to situate modern day religious application in an historical and political context. The paper is based on the premise that, when applied to issues of reproductive health and gender equity, faith and religion is inescapably a political issue.

317 THE INFLUENCE OF PERCEIVED PEER NORMS IN EARLY ADOLESCENT GIRLS' SEXUAL LIVES, Kimberly D Hearn, United States.
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Adolescence marks a time when peers become increasingly important in young people's lives. Adolescents often look to their peers for guidelines regarding norms for sexual and other behavior. The current study utilized both quantitative and qualitative data to examine the relationship between perceived peer sexual norms (attitudes and behaviors) and early adolescent girls' sociosexual cognitions and romantic and sexual experiences. The sample consisted of urban early adolescent girls between the ages of 12–14 ($M = 13.10$). One hundred eighty (180) girls completed a structured interview and 21 girls completed an open-ended interview. The findings of the quantitative data revealed that perceived peer and best friend approval of sexual behavior was negatively correlated with girls' abstinence values, whereas the perception of the percentage of the girls' same-sex peers who had penile vaginal intercourse experience was unrelated to these values. Interestingly, the percentage of the girls' same-sex peers who had penile vaginal intercourse experience was significantly related to whether the participant had various romantic and sexual experiences (i.e., having kissed a boy, having had breasts felt, having touched a penis) short of penile-vaginal intercourse. Moreover, whether participants ever had penile-vaginal intercourse was unrelated to many of the perceived peer norm variables, suggesting that girls may rely, less on peers for decision-making regarding more advanced sexual experiences. Indeed, one of the themes that emerged from the qualitative interviews was that the participants did not feel compelled to do the sexual things that their friends were doing. Implications for designing developmentally appropriate interventions will be discussed.

318 OCCUPATIONAL HAZARDS OF SEX WORK—NEW APPROACHES TO SEXUAL HEALTH CARE FOR PERFORMERS IN THE ADULT ENTERTAINMENT INDUSTRY, Lisa Gabrielsen, United Kingdom. melboxer@gmx.co.uk.

Due to the recent relaxation of classification guidelines there has been an increase of the production of pornographic material in Britain. Lisa Gabrielsen,

Medical Anthropologist, has collaborated with Chelsea & Westminster Health-care NHS Trust (UK) on a study into the sexual health care needs of performers in the adult video industry in order to establish the prevalence of STIs among this group of sex workers, with the aim to make sexual health care more accessible to this group of sex workers. This unique study will improve our understanding of the specific sexual health needs of performers in the adult video industry, which differs from the needs of prostitutes. Strategies to encourage condom use among prostitutes are not appropriate among performers in the adult video industry. This study focuses on the HIV negative certification used in the adult video industry as a prevention strategy instead of condom use. Our research indicates a need to develop standardised policies on administering and issuing HIV negative certification at NHS sexual health clinics, and the need for better understanding of this form of sex work in order to improve access to appropriate sexual health care. Performers who took part in the initial survey in form of a questionnaire were offered a free sexual health service including HIV screening and certification, STI screening, condoms and lubricants. Based in a West London NHS sexual health center, this service now offers a regular clinical service to performers. The majority of performers welcome this initiative, although it is noted that such a service must also be available to those who live outside of London. Many performers in Britain also work in Europe and the USA and performers come from abroad to work in Britain. Access to appropriate sexual health care is therefore an issue that calls for international attention and collaboration. A Californian based sexual health clinics for sex workers has developed an HIV monitoring system within the adult video industry and has introduced similar services in Hungary. Our study comes at a time when the British Board of Film Classification is developing a safer sex messages on all their classified adult videos, and sex workers in Britain for the first time have the right to join a trade union. This is a unique opportunity to build alliances between the health sector, members of the adult industry and the trade union who work towards improving the health and safety standards within the sex industry.

319 SEXUAL ACTIVITY IN WOMEN WHO HAVE BEEN TREATED FOR CERVICAL CANCER WITH SURGERY, Eduardo Blanco Cardoso, Brazil.
blancoec@ig.com.br.

In women with cervical cancer, treatment surgical causes changes in vaginal anatomy and function. The effects of these changes on sexual function are not totally known. Material and Methods: We attempted to contact 62 women with a history of I-stage cervical cancer (age range, 28 to 63 years) who had been treated in the Department of Gynecological Oncology, in Brazil and 54 women without a history of cancer (controls) to ask them to answer an anonymous questionnaire about sexual function and vaginal changes in the first year after

to culminate of treatment. Results: A total of 37 of 72 women with a history of cancer (60 percent) and 37 of 54 controls (69 percent) reported that they had regular vaginal intercourse. Twenty percent of the women who had cancer ($n = 14$) and 9 percent of the controls ($n = 4$) reported insufficient vaginal lubrication for sexual intercourse, 16 percent of the women who had cancer ($n = 11$) and 2 percent of the controls ($n = 1$) reported a short vagina, and 10 percent of the women who had cancer ($n = 7$) and 2 percent of the controls ($n = 1$) reported a reduction of elastic vagina. Thirty-one percent of the women who had cancer ($n = 22$) reported moderate distress due to vaginal changes, as compared with 6 percent of the women in the control group ($n = 3$). Dyspareunia was also more common among the women who had cervical cancer, 48 versus 15 percents, respectively. The frequency of orgasms and orgasmic pleasure was higher in the group control. Conclusions: Women who have been treated for cervical cancer with surgery have persistent vaginal changes that compromise sexual activity in the first year behind of treatment.

320 ANDROGEN AND PSYCHOSEXUAL DEVELOPMENT, Melissa Hines, United Kingdom. M.Hines@city.ac.uk.

We investigated recalled childhood gender role behavior (toy, activity and playmate preferences), and current sexual orientation and gender identity, in males and females with congenital adrenal hyperplasia (CAH) (16 females, 9 males) and in their unaffected relatives (15 females, 10 males), all aged 18 to 45 years. All measures showed the expected sex differences. Unaffected males, compared to unaffected females, recalled more male-typical behavior in childhood, showed stronger erotic attraction to women, and identified more strongly as males. Females with CAH differed from unaffected females in recalled childhood gender role behavior and in sexual orientation, but not in gender identity, although the difference in sexual orientation appeared to be less dramatic than that in gender role behavior. Males with and without CAH did not differ in childhood gender role behavior, sexual orientation or gender identity. These results suggest that prenatal exposure of females to higher than normal levels of androgen influences human behavior, but these influences are not uniform across the range of behaviors that show sex differences. Also, although some behaviors are altered in females with CAH, core gender identity is female.

321 THERE IS A NEW POINT OF VIEW REGARDING HOW TO CURE "LACK OF DESIRE"? Anna Maci, Italy. anmaci@tin.it.

Are we able to manage our desire? How? Through the five magic doors: our five senses. This idea was born during a visit in a French museum in front of the famous "Lady and unicorn": In the therapeutic work really often are treated couples or singles that complain fault of desire, inhibition of sexual desire or

sexual insensibility. Focusing each sense we have opened new roads and working hard with touch we have arrived to enlarge the feeling of the skin that is our boundary, our big limit but also our biggest door of communication. Only after a deep work of sensibilization of our five senses and the opening of these 5 magic doors we can manage “A mon seul desir” “my only desire” that is coming back to the ancient latin “liberum arbitrium” that now signifies recovery.

322 REALIZING BETTER SEXUALITY IN MIDDLE TO OLD AGE, Chineco Araki, Japan. araki@dcu.ac.jp.

In contrast to countries whose daily greetings include handshakes, kissing, and embraces, Japan has a culture of greeting by bowing apart from each other, in other words, a culture lacking in physical affection. This applies to married couples as well, and it is believed to influence sexuality. The sexuality research group that the speaker represents conducted a survey on sexuality and partnership with married men and women aged 40 to 79 years old from March 1999 to April 2000. The results of the survey showed that frequency of sexual intercourse decreased from the late 50's in men and the early 50's in women; however, the difference between the sexes was marginal. There was, however, a large difference in sexual desire, as men desired sexual intercourse even in old age, while women showed a strong tendency to desire only psychological love after reaching their late 50's. There are many factors contributing to the lack of desire for sexual intercourse in women. Among these factors, lack of sexual communication during periods of changes in sexual function and difficulty in obtaining understanding from a spouse regarding sexual desire and physical condition were noticeable problems. 45% of women felt that there was a lack of conversation in their marriage, and 29% of women felt the absence of almost any physical contact besides sexual intercourse. It is believed that the lack of conversation and physical contact, expression of affection are worsening the lack of sexual communication in these marriages. In order to realize better sexuality in middle to old age, it is first necessary to establish a relationship with the spouse that includes abundant conversation. The persons involved should not hesitate to express their affection, including with physical contact. It is also important that both sides learn to incorporate sexual communication into their marriage.

323 HUMAN RIGHTS AND SEXUAL RIGHTS WITH THE CATHOLIC CHURCH, Guadalupe Cruz Cardenas, Mexico. gpecruz@cddmx.org.

This presentation will address the issue of power and sexuality within the Catholic church, and will describe how the Greco-Roman mentality played a decisive role in the formation of the dominant Catholic discourse which then developed its own structures. Institutions are necessary in any society, but they are also

corruptible, subject to aging and therefore questionable. Is it therefore important to ask ourselves whether these institutions, including the Catholic church, encourage and facilitate our well-being and whether they respect human rights within. It is also important to reflect on our image of God, because the image humanity that we formulate depends on the image of God that we formulate and vice versa. The recovery of our experience of God is important in order for us to reconceptualize our body as a point of reference so that as women we can name our experience of God and answer the question. Who is our God? Another aspect of this presentation is the sense of authority within our church that expresses itself in a clericalism that prohibits healthy experiences and the promotion of women's rights within our church community, particularly sexual and reproductive rights, freedom of conscience, the right to decide and to dissent among others.

324 SEXUAL DIVERSITY AND RIGHTS: PROMOTING AFFIRMATIVE VOICES, Maria del Pilar Sanchez Rivera, Mexico.

The fact that different societies condemn certain types of conduct, obliges those whose sexual practices are different to what is considered “normal,” i.e. exclusive heterosexuality, to a clandestine existence. The starting point of this presentation is the conviction that societies change, that it is possible for all those who are different to equally benefit from social well-being, and that it is even possible to learn to stop looking at others as different, since some of these differences are not what they seem. This leads to the reflection that each institution educates under its own precepts and usually disseminates its beliefs as knowledge, supported by the fact that ignorance or forgetfulness makes us consider these beliefs to be natural facts or divine messages. The Catholic church, as an institution, has in this sense considered moral disorder all that differs from the institutionalized sexuality, and has actively contributed to its conformation as a norm. Nevertheless, this presentation proposes that homosexuals and lesbians can express their sexuality in accordance with the teachings of Christ and that if after profound reflection and prayer, a person is convinced that her conscience is correct, even though it conflicts with moral teachings of the church, then she must follow her conscience instead of church doctrine. This paper goes on to take up declarations of the United Nations and recommendations made by the International Conference of Population and Development (Cairo, 1994) on the issue of sexual diversity.

325 THE FA'AFAFINE IN CONTEMPORARY SAMOA: NEW PSYCHOBIO-SOCIAL CHALLENGES, Pamela H Connolly, United States. DrPConnolly@aol.com.

Since the first scientific discussions concerning the unique group of differently-gendered Samoan people known as the Fa'afafine (translation: 'to be a woman')

appeared in the literature, the accuracy of much early data has been questioned; and in addition, the evolution of cultural mores and attitudes towards the Fa'afafine has undergone radical changes in recent years. The Fa'afafine currently face unprecedented local challenges in terms of acceptance, tolerance, identity, trauma and safety. This phenomenological study highlights not only the opportunity to advance the 'nature/nurture question' in terms of the development of gender role, assignment and identity, but also a vital need for the worldwide sexological community to further understand and advocate for increasing tolerance, awareness and appreciation for this unique cultural group. Even within the Pacific Islands, misunderstanding abounds, as does religious censure, and western-influenced confusion between gender and sexual orientation. The researcher wishes to present these current challenges with the help of a young Samoan subject who will describe a fascinating and traumatic journey to gain familial and societal acceptance. a struggle that involved rejection, abandonment, and ultimately an excruciatingly painful initiation rite. In undergoing a hereditary waist-to-knee symbolic tattoo traditionally reserved for unambiguously male heirs, this Fa'afafine thereby found a way to transcend the stigma and gain paternal acceptance. It is an extraordinary story. As sexologists we have new insights to gain from the phenomenology of the Fa'afafine, and new questions to ponder concerning psychobiosocial aspects of the universal human gender experience.

326 BEYOND ROMANCE: A SEXUAL ENHANCEMENT PROGRAM FOR FUNCTIONAL, COMMITTED COUPLES, Elizabeth Rae Larson, United States. therapy@sextx.com.

Beginning with the premise that loss of erotic interest is typical, particularly for women, in long-term committed relationships, this presentation outlines a program we have developed to support healthy couples in maintaining an erotic-spiritual pair bond. Using material derived from both Western science and Eastern spirituality, we have developed a psycho educational and experiential program designed as a series of classes and homework to learn basic skills and culminating in an experiential workshop. In the workshop, couples work separately, in the same room, with no cross-talk, creating a quasi-private environment. The work-shop is designed so that it may be repeated periodically. The presentation will include curriculum design and materials, sample experiential exercises, and excerpts from "reviews" by couples who have participated over the last five years.

327 NOCTURNAL HORMONE SECRETION IN PATIENTS WITH ERECTILE DYSFUNCTION, Klaus Mann, Germany. mann@mail.psychiatrie.klinik.uni-mainz.de.

The hypothalamus-pituitary-adrenal (HPA) axis plays an important role in the regulation of numerous physiological processes. Particularly, in animals a stress-

induced increase of CRH is accompanied by an inhibition of sexual behavior. In the present investigation we studied whether HPA axis activity is altered in erectile dysfunction. 13 male patients with erectile dysfunction (7 psychogenic, 6 organic) participated in the study. Two polysomnographies were carried out in the sleep laboratory. Nocturnal erections were registered by the Rigiscan device. For determination of cortisol and ACTH plasma levels, blood samples were taken via an indwelling catheter from a forearm vein at 15 minutes intervals. The first night was performed under baseline conditions. Before the second night, 2 × 750 mg metopirone were administered in order to inhibit cortisol synthesis. Cortisol plasma levels were reduced and ACTH plasma levels were elevated after metopirone administration. Altered HPA axis activity was not accompanied by alterations of nocturnal erections. Sleep parameters were also unchanged. Particularly, no differences were found between the diagnostic subgroups with organic and psychogenic etiology regarding metopirone induced alterations of HPA axis activity.

328 NEW ALTERNATIVES IN THE DIAGNOSIS AND TREATMENT OF THE DYSPAREUNIA, Mauro Fernandez, Costa Rica. alejandramontiel@odioraven.com.

This study presents a new way to asses organically the patients who have been diagnosed with psychological dyspareunia, as well as a new therapeutical option. In the period from January 31 to 1992 to November 2, 2002, 322 patients that attended the ICOSEX were studied with the diagnosis of psychological dyspareunia. In a 94% of the cases, organic causes were found as cause factors. A surgical approach was done using a technique designed by one of the authors. The absence of dyspareunia during intercourse was considered as success criterion. In 96% of the patients the surgery was successful. 4% of the patients could be followed up, and the average recovery period was 106 days. The incidence of complications was less than 1% and all of them of a short and satisfactory solution due to the urinary infections of scar problems. 30% of the patients with a story of dyspareunia of more than one year of evolution, underwent systematic desensibilization therapy (modified Jacobson). Significance level: p less than 0.005. The investigation was carried out according to the ethical standards for sexological investigations guide drafted by William Masters.

329 SEXUALITY & SEXUAL RIGHTS: THE DISCOURSE OF THE CATHOLIC CHURCH, Maria Consuelo Mejias Piñero, Mexico. cddmx@cddmx.org.

This presentation constitutes an analysis of the moral teachings of the Catholic Church regarding sexuality and the limitations that these teachings impose on women's reproductive and sexual rights. Such moral teachings equate sex with sin, and guilt, negate sexual pleasure and only recognize heterosexuality linked

to reproduction. These teachings are based on the concept of women that the institutional Catholic Church upholds, which constitutes an important obstacle for women's autonomy, resulting in limitations to their freedom of choice as well as the violation of their human rights. The control and negation of diverse sexualities are related to the sexual abuse of women and children by members of the Catholic Clergy. This abuse demonstrates the contradiction between church teachings and sexual practices, as well as the implicit abuse of authority that these acts entail. Little is known about the opportunities that Catholics have to make moral decisions in accordance with their conscience without putting their faith at risk. This presentation therefore also describes alternative Catholic postures based on the essential values of the Catholic doctrine, including freedom of conscience, as a focal point for pleasurable and responsible sexualities. To learn about and discuss these positions contributes to the debate on these crucial topics, thus promoting the defense of individual rights, specifically those of women.

330 SEXUALITY OF THE PRIMITIVE FUTURE, Rafael Roldan Tevar, Spain. rroldant@hotmail.com.

Since the origin of humankind and even before, as seen in the physical evidence left to us, our ancestors first expressions may be described as simultaneously artistic, religious, and sexual expressions. Sex (and sexuality) is one of the first concerns of living beings and forms the basis for the expression of all other concerns. Initially, these forms of expressions were non-dualistic in nature; there was an undifferentiated reality in which opposing polarities appeared simultaneously: dynamic and static, life and death, masculine and feminine, and so on. From an initial expression through color as yet without form, where red ochre is the base that symbolizes life energy, to the first forms and "gribouillis" which represent and worship sex and "genitality" as the driving force of life yet highly abstract and displaying both sexes in the same figure, but eventually leading to differentiated genitals and corporal figures of gods and goddesses. The evolution of these expressions, although they did not originate in the same period, reflects an open cycle because different phases of abstraction coexist. The cycle of our lives brings us to the starting point over and over again. Therefore, it is not an unreasonable notion to consider that the key to understanding the future lies in our prehistoric roots.

331 SEXOLOGY AS A SCIENTIFIC DEGREE IN THE SPANISH UNIVERSITY, Rafael Roldan Tevar, Spain. rroldant@hotmail.com.

The entry in the European Community should cause a change in the curricula design of some bachelor and masters degrees. This has been, indeed, a special opportunity to establish the formal education in Sexology. After screening

the 63 Spanish official universities, we have observed that only 1% of them have any subject related to human sexuality, most of which are subjects to get Psychology and Medicine degrees. Most surprising is the fact that no one of the analyzed subjects is compulsory for the completion of the major degree. Thus, this means that students do not need to be familiarized with sexological concepts by the time they finish their degree and become professionals. This denial of sexology is still happening 30 years after WHO recommended an education on sexual topics for all health professionals. As a conclusion, it can be stated that no clear advance has taken place regarding to education in Sexology in the last years and, therefore, important consequences for the sexological profession derive from this situation at a standstill: a) First, no specific research grants are given to carry out sexological studies because there is not a specific UNESCO code nor a code for international classifications for publications; b) and second, no public job offers can be created because the figure of sexologist does not exist as a recognized professional. We urge a common effort from different professionals and associations, leaded by the WAS, to claim the rights of this science to become a distinct and recognized field by the society and academia.

332 DEVELOPMENT OF SEXUAL EDUCATION WORKSHOPS, Vicenta del Carmen Hernandez Haddad, Mexico. vicenta1954@hotmail.com.

Developing and presenting sexual education workshops to children, adolescents and adults allows constant updating of the content of educational material, as well as obtaining much more data. This report analyzes the participation of 6,221 persons in 400 workshops given from 1989 to mid-2002. Of that total, 58% were female, 42% male. Four groups of participants attended these workshops:—Pre-school children, of which 42% were male, 41% female, 17% unknown. Note that at 3, 4 and 6 years old, little girls participated more than boys. But at the 5-year-old level, little boys attended more than girls.—Primary-school children, 45% were male, 51% female, and 4% unknown. Most participants were between 7 and 12 years old. Within the 11-year-old group, most were male, while females made up most of the 14- and 15-year-old group.—Adolescent group, 47% were male, 47% female, 6% unknown.—Adult workshops showed a big difference in participation: 67% were women while only 11% were men, with 22% unrecorded. Interesting to note, men who attended the workshops were mostly between 36 and 42 years old, while women were usually 32 to 42 years old, with a pronounced peak at 36 years. At the extremes of these age groups, pre-school and adults, females participated most. But in the middle range of primary-school and adolescents, males took part as often as females. These data show that, in general, the taboos against sexual education may be weakening in Mexico.

333 SEXUAL ADDICTION: CONCEPT AND ASSESSMENT, Itziar Alonzo Arbior, Spain. rroldant@hotmail.com.

The open discussion of the concepts of sexual addiction and problematic hypersexuality in the popular media has had as a result a shift of attention towards journalists and away from sexologists. Thus, the rather imprecise idea as to what sexual addiction means, and when and how it takes place, is the result of the indiscriminate mixing of genuine characteristics with artificial ones derived from biased, non-tested information. Although sexual addiction as such is not accepted by the whole scientific community (i.e., not in the WHO's ICD-10 nor in the APA's DSM-IV-R), some voices have started to insist on the need for it to be included in the next version of the DSM. Therefore, an objective approach is required so that we can determine precisely the clinical features of this sexual problem as well as the methods for its assessment. Only after a detailed assessment of the empirical evidence on sexual addiction, will we be in the position to consider its inclusion as a distinct category of sexual disorder in the next DSM-V.

334 EXPLORATORY STUDY OF THE IMPACT OF VULVAR AND VAGINAL DISEASES ON WOMEN'S SEXUALITY, Josee S Lafond, Canada. lafond.josee_s@ugam.ca.

Today, an important number of women are affected by vulvar diseases, as demonstrated by the large number of references and consultations at private clinics specialised in diagnosis and treatment of vulva and vagina diseases. By vulva and vagina diseases, we note, amongst others, skin diseases affecting the vulvar or vaginal region (lichen); the vulvodynia (including the vulvar vestibulitis syndrome) and vulvar fissures. These conditions affect women's sexuality. They modify sexual response from the diminution of frequency of sexual intercourse with penetration, to avoidance and even lost of libido amongst women suffering from those diseases. Wanting to know more and better understand what these women are going through, a questionnaire was distributed to 157 women frequenting a specialised clinic in Montreal. Of an average age of 30 and an average spread of 9 years, our respondents age vary between 16 and 61. Based on our first non-standardised results, it's turned out that amongst those women, the frequency of sexual intercourse without penetration is higher than with penetration. Even more, in the same perspective, our participants want to have sexual intercourse with penetration more often. Over half of our respondents indicated having difficulties being sexually aroused and also having unsatisfying lubrication during sexual intercourse with penetration. In other respects, less than half of these women indicated feeling pain during the penetration, but over half indicated having difficulties reaching an orgasm.

335 WOMAN'S ILLUSION AND MAN'S SOCIAL REPRESENTATION OF THE LOVE MYSTERY IN YOUNG OF PREPARATORY, Guitte Hartog, Mexico. lazulblues@hotmail.com.

We want to offer a space to the youths and we can understand the different problematic about to their sexuality; for example, the pregnancies don't plan and AIDS—and knowing that the programs of prevention work better when the group of concerned population's concerns is taking into account, we approach with the youths of the preparatory Lazaro Cárdenas the topic of the love. Of the analysis of 50 women's speech and 50 men that complete the sentence "The love it is . . ." and of the 4 groups of discussions (2 of women and 2 of men) it is possible to highlight big differences in the objectivization of the love according to the gender. This process manifests us that the form in that the sexuality and the love are lived, presents a series of characteristic very particular in the measure that the gender represents a form of facing the reality and that it is he or she are assigned a series of behaviors; for example, that he should live the pleasure and the adventure and she should the love and the commitment. To give the word to the youths is a primordial aspect, to know their representations, but it is without a doubt important to take them into account so that a dialogue settles down, to go establishing systems of prevention that it can provide a space of healthy life and to respond to their necessities so much sentimental as sexual.

336 PROTECTIVE FACTORS IN THE SEXUAL BEHAVIOUR OF ADOLESCENTS, Javier Gomez Zapiani, Spain. zapiain@euskalnet.net.

The aim of the study is to analyse the relationship between the perception of risk in adolescent sexual behavior and emotional variables such as empathy in the relationship with one's partner, self-esteem regarding one's own sexuality, interest in and concern for sexual relations and depression regarding one's own sexuality. The study also analyses the relationship between attachment styles and the aforementioned variables. The results obtained indicate that attachment styles (secure, anxious-ambivalent and evasive) do not predict the perception of risk. However, secure attachment is a predictive factor for higher self-esteem and greater interest in and concern for the subject of sexual experience in both men and women. More secure people tend to be better able to be considerate of their partner during the sexual experience (empathy). This tendency is more pronounced in the case of boys. As regards the analysis of other variables, the authors found that those who empathise most with their partners, feel most depressed in relation to their sex life and are most concerned about their sexuality, tend to perceive the risk more clearly. In the conclusions, the authors underline the importance of including activities aimed at fostering the variables studied in sexual-emotional education programmes.

337 AESTHETIC PHALLOPLASTY GIRTH AND LENGTH PENILE ENLARGEMENT, Sylvie Henriette Abraham, France. drsabraham@aol.com.

This paper reviews 100 first patients who benefited in 2002 from phalloplasties, penile girth enlargement, lengthening or both procedures. We analyzed too the non-operated patients (contraindications for psychological or anatomical reasons). Pathologic cases such as micro penis were excluded from this study. The motivations of our patients are mainly aesthetic but very different for girth or length enlargement. Psychological profile and sexual behavior (great majority of exclusive heterosexual men) were strictly examined. The advice of psychiatrist was necessary in 7%. A sexual disorder or an urologic malformation was discovered at the first visit and treated pre or post-operatively, if possible. The surgical techniques are described: girth enlargement is performed by liposculpture according Coleman, lengthening is realized by section of the fundiform ligament of the penis associated with an advancement plasty. The most serious complications were encountered with lengthening procedures, mainly delayed scarring due to arterial or venous insufficiency of the flap but further modification of the drawing decreased the incident of that event. The patient satisfaction is about 95% with no case of post-operative sexual disorder. In conclusion fine definition of the indications appears essential to the success of this surgery.

338 BASQUE GOVERNMENT (SPAIN) SECONDARY SCHOOL (12–16) SEXUAL-EMOTIONAL EDUCATION PROGRAMME, Javier Gomez Zapiani, Spain. zapiain@euskalnet.net.

After ten years of working within the field of AIDS prevention, the Basque Government came to the conclusion that the absence of an official educational intervention programme in the area of human sexuality during the early school years was generating difficulties in the implementation of AIDS prevention programmes during later educational stages. It therefore charged the University of the Basque Country with the compilation of a sexual-emotional education programme for secondary schools (Compulsory Secondary Education-E.S.O.), and its experimental implementation in nine schools in the Basque Autonomous Community. The aim of this poster is to outline the structure of the sexual-emotion education programme: general characteristics, theoretical framework, objectives, focus of activities, methodology and materials used and the results obtained in the pilot project. On the basis of the results obtained, the authors can affirm that the implementation of the programme increases students capacity to deal with the situations of risk (AIDS, unwanted pregnancy) inherent in sexual-emotional experiences.

339 MUNICIPAL PLANS FOR SEX EDUCATION, Raul Diaz, Spain. rdiaaco@gobiernodecanarias.org.

The deficiency regarding education, information, and attention in sexual matters affects the whole of society. This gap widens considerably, however, when we look at the juvenile population. The prioritization of sex education with young people continues to be flagrantly ignored in our society. It is the responsibility of all of us to recognize that young people can have an active sex life and to ensure that they receive adequate education and assistance, as this is one of the greatest challenges that we face at the start of this new millennium. One of the most relevant actions of The Canary Plan for Juvenile Sex Education has been to put into motion pilot experiences of an intersectional character in selected areas of the Canary Islands. These experiences have been used to formulate the first Municipal Juvenile Sex Education Plans. These experiences have been systematically and rigorously evaluated, and have led us to the conclusion that these municipal areas are ideal for the development of intersectional and community activities concerning the sex education among young people. The proximity of the population to the political, educational and sanitary institutions, as well as other associations that make up the social fabric of any community, means that the development and collective participation in these projects is a real possibility and something that can be consolidated upon, a process in which the local institutions, professional people and ordinary citizens can take the lead in their own development of material and attention to matters concerning sexuality.

340 THE HARIMUGUADA PROGRAMME IN CONJUNCTION WITH THE CANARY ISLANDS EDUCATION DEPARTMENT PLAN FOR SEX EDUCATION AMONG YOUNG PEOPLE, Raul Diaz, Spain. rdiaaco@gobiernodecanarias.org.

The Harimaguada Sex Education Programme is a resource in which the Canary Islands Ministry of Education provides to the educational communities with the aim to promote and facilitate the integration of sex education in the educational environment. The schemes of work pass from teacher training through to parent education and information, evaluating the schools involved, creating teaching materials, as well as fostering awareness in the educational community as a whole. Harimaguada, after 2 innovative years in selected educational centres, was put on an official footing as a fully-fledged programme in 1986. Since this date, this project has been in a state of constant change and improvement, moving through distinctive phases: a) The experimental phase, trying out various strategies and didactic methods. b) The formalization of the above experiences and the elaboration of curricular projects, along with materials design. c) The progressive extension of sex education teaching in the Canary Islands. In this

phase, the most significant and relevant move has been, without doubt, The Canary Plan for Juvenile Sex Education. The Canary Plan for Juvenile Sex Education develops integral policies aimed towards the attention to juvenile sexuality. It has been in place since 1997 and the 8 General Direction Departments that belong to the Ministries of Education, Health and Social Affairs respectively, al take part in this plan. The general objective of the plan is to create educational resources as well as promote informative talks and seminars that will positively focus on sexual matters concerning young people in the Canaries, while also emphasizing the enjoyment and non discriminatory nature of a healthy sexual life among the young population in the Canary Islands.

341 INCIDENCE OF HYPOACTIVE SEXUAL DESIRE IN PATIENTS WITH PANIC SYNDROME, Leonardo Gama, Brazil. erapius@unisys.com.br.

Introduction: Many authors have had paid attention to the relation between Sexual Dysfunction and anxiety. KAPLAN admitted that the anxiety is the background of all sexual dysfunction. The Panic Syndrome is a class of anxiety disorders characterized by recurrent panic attacks. The term is not used when a known organic factor is responsible. A panic disorder is typically classified as with or without Agoraphobia. The Panic Disorders is the best frequent form of the anxiety. according to WHO (World Health Organization). The Hypoactive Sexual Desire Disorder, also called Inhibited Sexual Desire, is a sexual desire disorder marked by persistent deficiency (or absence) of sexual fantasies and desire for sexual activity. **Objective:** The authors attempts to check if Panic Syndrome and Hypoactive sexual desire are correlate. **Method:** The subjects of this research are out-patients of Hospital Municipal Lourenço Jorge (RJ) and Hospital da Santa Casa de Misericórdia (RJ)-Brazil. All patients are within the criteria of Panic Disturb with or without Agoraphobia according to DSM-IV (Diagnostic Statistical Manual of American Psychiatric Association). The patients answered questions based on Master, Johnson & Kolodny's auto evaluation test. **Results:** The preliminaries results point to a direct correlation between Panic Syndrome and Hypoactive Sexual Desire.

342 BLENDING GENDER AND NEOLIBERAL DISCOURSES: BRAZILIAN TEENAGE GIRL'S WAYS OF SEEING HIV/AIDS SEXUAL RISK-LESSONS FOR SEXUAL HEALTH PROMOTION, Dora Lucia de Oliveira, Brazil. dora@enf.ufrgs.br.

In Brazil, the heterosexualization of the HIV/AIDS epidemic has contributed to the awareness about the importance of the social and cultural aspects of women's sexual risk-taking. Nevertheless, this is an area of investigation and theorisation that is still underdeveloped. That is the case of theories on women's responses to HIV/AIDS sexual risk, where girls' accounts have usually been

absent. Researchers have often looked for data regarding the (ir)rationality of risky sexual behavior, concentrating on finding out what is it with girls' ways of thinking that makes them decide to take risks. The research reported here was exploratory, rather than judgmental. It aimed at exploring the ways by which Brazilian girls see the risk of HIV infection in heterosexual relationships. It was an attempt to study the 'HIV/AIDS sexual risk' from the perspective of its subjects, extending our understandings of the meanings of HIV/AIDS sexual risk beyond the biomedical scope. The paper draws on focus groups data gathered in twenty-four group meetings with girls from one of the main cities of Brazil. The study was grounded on sociological approaches to gender, health and risk. It suggested that by being socially constructed, Brazilian teenage girls' views of risky/safe sex are impregnated with the knowledge that organizes their everyday life, specially that which concerns gender norms and the ideal of individual accountability for personal welfare. The study concluded that to be able to protect girls against the risk of HIV/AIDS, health promoters need to redefine the problem of sexual risk-taking, working with discourses and practices that acknowledge the epistemological nature of sexual risk and its dependency on gender and neoliberal ideologies.

343 IT'S TIME FOR SHOCKING-SEXUALITY AND PEDAGOGIES OF FEAR IN BRAZILIAN TELEVISED AIDS CAMPAIGNS, Luis Henrique Sacchi Dos Santos, Brazil. luishss@terra.com.br.

This paper presents data from twelve focus group sessions held with two groups of community health workers in Porto Alegre, the capital of the state of Rio Grande do Sul, Brazil. The research project "Education, Health, Gender and Media: a study about STD/AIDS with community health workers of the Family Health Program in Porto Alegre" was sponsored by the Brazilian Ministry of Health and UNESCO. During the sessions the informants emphasized the need of more scaring TV images in AIDS campaigns. Shots showing people on the terminal phases of AIDS were suggested as more efficient prevention messages. This emphasis on pedagogies of fear as health promotion means has been in operation in different contexts in contemporary western societies. Anti-smoking, healthy diet and cancer campaigns are examples of this kind of approach. As Foucault argues, sexuality has been the focus of regulating discourses since the eighteenth century in various social institutions and practices. In a macro level, Medicine, Public Health, Religion, Politics and other fields have defined the "correct" ways of conducting sexual practices. One important way of regulating sexuality has been to promote "healthy" sexual behavior through messages of fear, in particular the fear of diseases. At the present, the moral panic associated to AIDS has reinforced the common sense idea, as well as scientific discourses, of the existence of an association between sexuality and disease. This idea is

not new. We argue that the use of pedagogies of fear to regulate and produce bodies and selves is not an educative practice exclusive to health promotion, but it is part of a wider socialization process that is produced in the culture.

344 IMAGES OF SEXUALITY, Tea Nikolic, Yugoslavia. Essbeograd@yahoo.com.

Sexuality in patriarchal and traditional country in transition which is Serbia is still somehow forbidden topic. Some issues like homosexuality or female masturbation are still on general level taboo. The work will present the analysis of media ambient toward important question of sexuality: sexual orientation/heterosexuality-homosexuality-bisexuality, sexual attitudes, and behavior. We will present brief summary of Serbian sexual research in last decade of 20th century and current "education." We plan to present general image of Serbian sexual behavior and attitudes, framing main sexuality issues and problems reflected in media.

345 THE ROLE OF COGNITIONS IN PANIC DISORDER PATIENTS'S SEXUAL FUNCTIONING, Cristina Pablo, Portugal. cristina_pablo@hotmail.com.

Introduction: Sbrocco et al. (1997) claim that "despite evidence of a relationship between sexual dysfunction and panic disorder, there have been few clinical reports addressing the nature of the association between these phenomena." In a study conducted by Figueira et al. (2001), the authors observed that "panic disorders patients reported a significantly greater proportion of sexual disorders compared with social phobics (75% vs. 33%; p = 0.0034)." There is also evidence of an interrelationship between these two phenomena on an neurochemistry level. Kindler et al. (1997) support "the hypothesis that the serotonergic system has an important role in the modulation of sexual response, especially attainment of orgasm. Serotonergic dysfunction also has been linked to the pathogenesis of panic disorder." The existent data seems congruent with a significant similitude between the anxious response and sexual response, namely alterations on the cardio-respiratory reactions, tension, conscience, vasocongestion and vasoconstriction processes. On the other hand, Hout e Barlow (2000) refer that panic disorder and sexual dysfunction are orthogonal factors, and so "there is no reason to believe that anxiety disorders are driven by underlying sexual problems or that sexual problems are maintained by anxiety." Objectives: The present research aims to investigate the role of cognitions in the sexual functioning of patients with the diagnosis of panic disorder. We admit that cognitions have a central role to explain the association or dissociation of panic disorder to a sexual dysfunction. Our hypothesis is that co-existence of a sexual disorder with a panic disorder is associated to negative cognitions and a "cold"

interpretation of the neurovegetative signs of sexual arousal. On the other side, they are dissociated when the subject presents positive cognitions and “hot” interpretation of the neurovegetative signs of sexual arousal. Methods: 60 Patients with the diagnosis of panic disorder with agoraphobia (PDA) or without (PD) according to DSM-IV-TR criteria (APA, 2000) attending a hospital psychiatric clinic were recruited in a sequential order. A semi-structured interview was applied in order to gather information about socio-demographic aspects and a sexual reactivity pattern before and after the diagnosis of panic disorder.

346 PENIAN PROTHESIS: A FOLLOW-UP, Jorge Rocha Mendez, Portugal.

The authors studied men with erectile dysfunction diagnosis who were submitted to a penian prothesis. The aim of this study is to evaluate the degree of satisfaction/insatisfaction with the therapeutic modality. A comparison between the sexual functioning previous to sexual dysfunction and the actual sexual functioning will be established. The preliminary results show that a variety of patterns may influence the satisfaction/insatisfaction measures in these subjects, namely the adequacy between the expectation and the result achieve, the partner attitude face to the therapeutic modality, adaptation to the prothesis and presence/absence of complications associated with the cirurgy.

347 TRANSSEXUALISM—PERSONALITY PROFILE AND SOCIAL ADJUSTMENT, Iris Montero, Portugal. iris_monteiro@clix.pt.

Study comparative of style transversal constitute by three groups experimental and two groups of control. The objective of this study is to analyze, in a sample of transsexuals, the personality profile and social adjustment, on the one hand, and the relationship of their results with the group of control reported to biological sex and psychological sex. The sample is constitute by three groups: an experimental group, n = 17 (n = 12 female-to-male transsexuals/n = 5 male-to-female transsexuals); a control group reported to biological sex, n = 17 (n = 12 female of general population/n = 5 male of general population); and a control group reported to psychological sex, n = 17 (n = 12 male of general population/n = 5 female of general population). In view that study elements, in both groups of control has been discriminated the variables age (similar to group experimental) and presence of partner (in function to group experimental). Besides one interview semi-structure, has been utilized instruments of auto-evaluation: Symptom Distress Checklist (SCL-90), Beck Depression Inventory (BDI), Life Socio-Family Checklist, Personality Checklist (PDQ-4+), The Minnesota Multiphasic Personality Inventory (MMPI), The Millon Clinical Multiaxial Inventory-II (MCMI-II), The Minnesota Multiphasic Personality Inventory-2 (MMPI-2). The results, coincided to started suppositions, indicate a larger predisposition of transsexuals for personality disorder various and difficulties of social adjust-

ment, like social isolation, than individuals of general population without a psychiatric disorder; and a social adjustment more suitable in female-to-male transsexuals when compared with male-to-female transsexuals.

348 PSYCHODRAMA IN SEX THERAPY TRAINING, Aluys Kayir, Turkey.
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Mental health professionals working in the field of sex therapies should consider sexuality as a natural and pleasurable fact of life, and be able to manage related topics comfortably. A psychodrama group experience provides these professionals both the opportunity to work through their own sexualities and to verbalize them in a group setting. So, psychodrama techniques as “relaxation-imagination,” playing “active and passive double roles” (as a tree and the wind), and intimate relationships (as mother and child or adult couple) are used in our sex therapy training programmes and discussed, here in this presentation.

349 TOUCHED BY AN ANGEL: THE ECSTASY OF ST. TERESA DE AVILA, Stefan Kasian, United States. StefanKasl@aol.com; vtravel@vacacionartravel.com.

The great Catholic Saint Teresa de Avila (1515–1582), canonized in 1622, remained celibate yet within her deeply contemplative spiritual life she experienced profound transpersonal states of ecstasy. The magnificent marble work: The Ecstasy of St. Teresa (c. 1647–52) produced by the great Italian Renaissance sculptor Gianlorenzo Bernini portrays St. Teresa’s vision of an angel who appeared and pierced her heart with a flaming arrow, causing exquisite torment resembling an orgasm of cosmic proportions. This case study will explore the intimate connection between sexuality and spirituality in relation to transpersonal states of awareness. Implications for enhancing one’s personal experience and practice of sexuality and spirituality will also be discussed.

350 THE PAPER OF THE ABILITIES AND SELF REGULATION STRATEGIES IN SEXUAL EDUCATION OF CHAPINGO’S UNIVERSITY, David M Santos Melgosa, Mexico. marialu1204@hotmail.com.

In this paper we present an assessment strategy for subjective competence: motivational and metacognitive, related with self regulation capabilities in establishing purpose and goal achievement, in academic and daily life, and its correlation with the incidence of undesired sexual conduct, irresponsible and unconscious, between students of the Universidad Autonoma Chapingo (México). This strategy consists of separate the motivational aspects related with the values, beliefs, expectations and causal attributions that students make of social interaction and of their academic performance, considering the last as a variable that can be

considered or not by the student as the activity of mayor importance in his life project. On other hand, we take up the value given to the magnitude of reflection that students can have respecting their sexual behavior and its consequences, and so with the presence or not of behavior regulation strategies tending to take people to their goals. Finally the results are presented of what can be concluded as the mayor incidence of undesired sexual behavior, irresponsible so as unconscious, given between the students who attribute the control of consequences to external factors.

351 SEXUAL EDUCATION IN THE AUTONOMOUS UNIVERSITY OF CHAPINGO (UACH), MEXICO, Maria Guadalupe Ascencio Jacinto, Mexico. marialul204@hotmail.com.

This present work has the purpose of presenting a Graduate Program on Human Sexuality, that pretends to satisfy some urgent necessities of the Autonomous University of Chapingo, that derive from the specific characteristics of this educational institution. The University, with 147 years of tradition and experience in the formation of professionals related to the Mexican agro, has an admission policy and philosophy directed to farmers offsprings. However, these subjects have a great disinformation about sexuality. The educative model of the University implies a diversity of maintenance services concentrated on the university campus. Its structure of self-government, its mixed boarding school, its system of scholarships; as well as a student community composed of 70% men and 30% women have led us to consider these detonating factors related to frequent gender violence, alcoholism, sexual transmitted diseases, school desertion because of adolescent pregnancies, homophobia, etc. Although testimonies exist, there has not been a serous study with data that explains the origin of these problems. Therefore, we have a fertile field to explore through research and intervention; with the purpose of proposing programs, projects and services. The first stage considers the formation of sexual educators, students as well as teachers of the University. In a second phase, we propose the research project: "Sexual Education and Human Rights in the UACH," that hopes to contribute with data about the impact of the program on attitudes and conduct, as well as offering courses and workshops.

352 PREVENTION OF VIOLENCE AND SEXUAL ABUSE, Maria del Carmen Sanchez Ruiz, Mexico. yaocihuatl_ac@yahoo.com.mx.

Developed because of the need to promote public understanding of the link between violence and child sexual abuse, a first campaign prevention. A decade ago, Yaocihuatl, AC decided to develop a strategy by working on prevention of violence and sexual abuse covering: 1) Theoretical aspects of violence from social, psychological, and pedagogical perspectives 2) Emotional education

methodology (EDUCEM) based on techniques which can be used by victims, without extensive psychological intervention, to discharge pain, anger, frustration, fear or any other unconscious elements resulting from the abuse. This process is supported by neurolinguistics programming (NLP), which draws upon the linguistic ability of the victims to highlight their virtues; 3) Videos, booklets, and other written materials are integrated as pedagogical tools to illustrate to persons how mechanical responses can be transformed into conscious acts. The videos we have produced are: Chicoca's Tree for children's sexual abuse prevention, "A bird told me" for intra-family violence prevention, "We are all in charge" child abduction prevention, "A memory snap" pregnancy in adolescence prevention, "Contradictions" addiction prevention. Results. The campaign prevention is evaluated by the results of questionnaires, interview, and some retrospective studies with Institutions, and Teachers, physicians, nurses, social workers, Young people and parents. Analysis of their responses show that the requests regarding at-risk children almost doubled or tripled. Conclusions: It is concluded that campaign prevention, if well implemented, can positively influence the process of prevention of violence and sexual abuse.

353 RAPE: AS A QUESTION OF GENDER, Alicia Cortejarena, Argentina.
arcortejarena@hotmail.com.

The objective of this paper is to discuss about the influence of the gender in the rape. Rape is a problem affecting millions of women throughout the world, and diverse factors operate in the social, cultural and economic contexts. Many erroneous conceptions exist about the victims of sexual assault and her attackers which are related to sociocultural patterns of perception of the sexual roles of men and women and other social stereotypes. Inside the set of practices of violence to which the women are submitted, the sexual violence, in its different expressions, is one of the most silenced. The studies show that a small percentage (about 15%) of the victims of sexual assault requests help. The rape constitutes the extreme demonstration of the devaluation of the woman, of the lack of respect for her human rights and self-determination.

354 THE SEXUAL INTERCOURSE AFTER RAPE, Alicia Cortejarena, Argentina. arcortejarena@hotmail.com.

Rape, often defined as any unwanted sexual penetration of any part of the body, is a devastating crime. Some women are badly physically injured, some contract HIV/AIDS or another Sexually Transmitted Infections (STD) and some become pregnant. But the emotional trauma can be worse than any physical injury. The lives of women who are raped are forever changed physical, cognitive and emotionally. Is necessary the joint of the resources to give an integral assistance to the victims. Exist programs of physical cares and of psychological follow-up to

help in her social reinsertion. The objective is to present the work experience in which, by means of individual interviews, of group and specially with her couple the woman violated is accompanied in the process of recovery of a full sexuality.

355 THE FOUR BOXES OF GENDER AND SEXUALITY: THE GOOD GIRL/BAD GIRL & TOUGH GUY/SWEET GUY, Betsy Crane, United States. bcrane@iup.edu.

Over the last 7,000 or so years in social systems around the world, men have been taught to go for it around sex and power, while women were taught to accept repression and passive acceptance. What is the heritage of this history that we live with today as females and males? We face what feel like dichotomies, based on stereotypes that pressure us to fit in. Women are either the Good Badgirl Wife/mother or the Bad girl Whore/dyke. Males face pressures to be the Tough guy Husband/father (Dominator/protector) or be seen as the Sweet guy Nice guy, which in many places is stigmatized as sissy/fag. This theory of the four boxes and where they came from historically resonates with young people and adults in that it offers an explanation for their experiences without blaming either women or men. This paper will address the effects of the boxes on sexuality, ranging from rape to eating disorders, as well as the social forces such as sexism and homophobia that make it difficult to break out of the boxes into more authentic gendered, sexual lives.

356 THE ROOTS OF HOMOPHOBIA AND MECHANISMS FOR CHANGE: A TRAINING FOR TRAINERS, ADVOCATES, AND EDUCATORS, Betsy Crane, United States. bcrane@iup.edu.

Based on our work over the past 20 years developing programs for schools and training for sexuality educators, counselors and advocates, this workshop will introduce theory and skills in addressing homophobia and heterosexism. Homophobia is rooted in the social construction of gender, assumptions of and perceptions about heterosexuality (and thus, homosexuality), and the resulting expectations for within and between-gender social and sexual relationships. To work effectively at ending homophobia and oppression of non-heterosexuals (as well as those who appear to be non-heterosexuals), it is critical to design programs that provide 1) positive information about sexuality, 2) awareness of how homophobia affects personal relationships, 3) and opportunities to discuss sexuality, intimacy and relationships. This highly interactive workshop includes video clips, case examples and demonstration of techniques for working with young people (elementary through young adults), parents, teachers, and counselors, and others. Presenters will provide sample activities and resources for developing effective programs, an opportunity to share experiences, and discussion of rele-

vant theory and research that will enhance strategies for prevention and intervention at the individual and organization level.

357 QUEERING THE BORDERS: A TYPOLOGY OF QUEER STRAIGHT MEN & IMPLICATIONS FOR SEXUALITY EDUCATORS & SOCIAL CHANGE ADVOCATES, Robert B Heasley, United States. heasley@iup.edu.

Straight men are queering masculinity, sometimes making a conscious effort to live outside the normativity of straightness. For some men, the queering process permits deep, non-sexual, intimate relationships with other men, either straight or gay, without the restraints imposed by homophobia. For others, identifying as straight does not prevent them from experiencing an erotic connection with another male. Recognizing the range of ways straight males experience or even pursue positive connection with gay-ness, is important to both developing a new image of straight male behaviors and effects of breaking down barriers created by homophobia. For educators and advocates, “turning up the volume” on straight male sexualities can provide insight to the potentiality of ending homophobia and its benefit to straight males. This is particularly relevant as these relate to gender presentation, to straight males occupying gay space and the experience of positive and conscious commitment of straight males to having and/or honoring same-sex sexual experiences. It also provides insight to the lives of straight males who don’t fit the norm of heterosexualized masculinity. Based on observations and in-depth interviews with a selected group of straight-identified males who live outside of normative heterosexuality, this paper presents a typology of queer masculinities of straight men: 1) Straight sissy boys, 2) Social-justice straight-queers, 3) Elective straight-queers (or the elective queer), 4) Committed straight-queers, 5) Males living in the shadow of masculinity.

358 SEXUAL FUNCTION ONE YEAR AFTER TUPR FOR BPH: A REPORT OF 73 CASES, Chtourou Maher, Tunisia. sataa.sallami@voiba.fr.

Transurethral resection of the prostate (TURP) is the treatment of choice in the treatment of urinary obstruction caused by benign prostatic hyperplasia (BPH). Although, the efficiency of this method is widely recognized in urinary symptoms, its effect on the patient’s sexual function is poorly documented. Through this study, we evaluate the state of the sexual function of 73 patients who underwent a transurethral resection of the prostate one year ago. Methods: 73 patients underwent TURP for BPH. All of them had a satisfactory sexual activity before the operation. The mean age is 62 years (54–82) Health history revealed hypertension in 19 patients, diabetes in 25 patients and hyperlipidemia in 5 patients. One year after TURP the patients received a questionnaire requesting personal evaluation of sexual function based on the International Index of Erectile function (IIEF) and including erection, ejaculation, libido and satisfaction before and

after the operation. Results: 75,3% of the responders claimed deterioration and 47,3% of them blamed the operation. Significant postoperative dysfunction was reported in all these aspects: Ability to get and keep an erection: ($p < 0.05$) Ability to get a full hard erection (penetration) ($p < 0.001$). Frequency of sexual intercourse: ($p < 0.01$) Satisfaction: ($p < 0.05$) Only 13,7% of them report an amelioration of their sexual function especially about satisfaction. Conclusion: The incidence of impotence development and erectile dysfunction is significantly higher after endoscopic resection of the prostate. The mechanisms of this alteration are still unclear. It is psychologically interesting that the patients themselves suspect the transurethral resection as the cause of impaired sexuality.

359 THE EFFECT OF CHILD ABUSE AND CONTEXTUAL FACTORS ON RESPONSES TO ADULT SEXUAL ASSAULT, Jeanette Norris, United States.
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Research has shown an increased risk of being sexually assaulted in women abused as children. However, why this occurs is not well understood. One possible long-term effect of child abuse is feeling powerless in response to threat. Feelings of powerlessness may manifest themselves behaviorally in adults as apparent passivity to sexual assault. Contextual factors such as the type of relationship the woman has had with the assailant and their alcohol consumption at the time of the assault can also affect responses. A serious or long-term relationship may intensify behavioral passivity because of the woman's emotional investment and the betrayal of trust she experiences. Likewise, high intoxication on the part of the woman may make it difficult to respond behaviorally, evoking feelings of guilt and self-blame. Relationships among these variables were examined in an experimental study of 224 single women, 21–35 years old. Subjects completed a measure of child abuse and participated in an experiment, which included assignment to one of three beverage conditions (no alcohol; moderate dose; or high dose). Subjects then projected themselves into a hypothetical interaction with a man who became increasingly sexually aggressive. Data analyses revealed that women abused in childhood expressed more passivity and powerlessness to the assailant. Alcohol dose also increased passivity. Alcohol dose also interacted with child abuse history and type of relationship to affect passivity. Findings point to the importance of treating child abuse and for teaching women to respond assertively to sexual assault.

360 SOME FEATURES OF SEXUAL BEHAVIOUR OF MODERN UKRAINIAN STUDENT'S YOUTH, Marianna Markova, Ukraine. undisspn@epost.com.ua.

Among the Ukrainian student's youth takes place the reduction of age of a sexual debut, which often occurs earlier and outside of a marriage. Besides, the

difference in this respect between the men and women decreases. All this testifies about liberalisation of sexual morals. The emotional colouring of the first sexual contacts of the young men and girls is depending on their age. The social context of a sexual debut is changing. The sexual behaviour of the modern ukrainian student's youth is more free on their intentions and by the results of it. Besides, it is not reproduction, too. It is considered as independent value. But existing in Ukraine system of state education and sexual information based on the social opinion concepts, which dominated at 60–70 years of the last century. It does not take account modern social, economic, political factors of community development and also feature of national mentality. So it does not consequently to the present requirements. Accelerated dynamic of sexual behaviour changes is a risk factor of development sexual deviation of the modern ukrainian youth. It will be a subject of our further researches.

361 SEXUAL ABUSE AS AN ETHIOLOGIC FACTOR IN PERSONALITY DISORDERS, Marianna Markova, Ukraine. undisspn@epost.com.ua.

During the last years in European countries the rate of incest ranges from 6 to 62% among women and from 3 to 31% among men. Our study established high rate (up to 30%) of this phenomenon among Ukrainian families. The study of the question showed that in the anamnesis of clients with borderline personality disorders is predominantly more often, than in the anamnesis of clients suffering from other pathologies, in which cases of sexual trauma and hard treatment during childhood are met. Our study also showed that the phenomenon of psychological abuse, among which inadequate parental situations, emotional deprivation and symbiosis, disgrace and warning play a predominant role in the ethiology of borderline personality disorders. Various variants of personality disorders, origin of which "quality" this or other forms of abuse, explains our hypothesis of a formation of a single dependency syndrome, that is systemic predictor of borderline personality disorders. If the emotional relationship, in which a child is included, took place according to the principle of force, pressure, unopposition, then in adulthood man becomes dependent on collective views; woman on her husband who caters for her materially. But if apart from psychological parental pressure, a child is made to suffer from extraordinary forms of abuse, then he develops a special personality structure, characterized by a diffused personality identity, dependable cognitive functions, dependency of judgements of important people. That most important defensive mechanism of personality—dissociation—allows the cosurvival of the weak, dependent "I" and the aggressive, grandiose "I" depending on external conditions the position of "victim" or the position of "aggressor" can be actualized.

362 SEXUAL VIOLENCE IN THE FAMILY, Hilda Pascual Mahy, Argentina.
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Our investigation was based on sexual violence in the family. It was done in Santiago de Cuba, where the victims were adolescents between 12–16 years old. In the studies we chose 5 victims to see the effect of the sexual abuse on these persons. We applied the methodology of qualitative studies, utilizing in the aforementioned process: in depth interviews, life history, and complementary techniques of psychological studies, such as sentence completion, and scaled auto-evaluation. To process this information, we based our evaluation on categorical analysis, applying contrasting techniques, inferences, interpretations, comparisons of the methodology. With the analysis of the data obtained in the techniques, we arrived at the conclusion, that the adolescents victims of sexual abuse, have marked psychological effects, such as: interpersonal conflicts with family and peers, manifesting sometimes in aggression, insecurity, with tendencies to easily depress themselves by isolation and crying.

363 A COMPARISON OF RISK FACTORS CONTRIBUTING TO AIDS AND STI'S AMONG ADOLESCENTS FROM THREE CARIBBEAN BASIN CITIES, Wayne Westhoff, United States. wwesthof@hsc.usf.edu.

Adolescents are an especially high-risk group for HIV/AIDS and sexually transmitted diseases. Additionally, increased urbanization, a social and economic challenge to developing countries, poses many threats to healthy behavioral conditions. The purpose of this study was to provide a cross-sectional examination of the prevalence of sexual risk-taking behaviors from three cities in Latin America and the Caribbean Basin: La Ceiba, Honduras, Merida, Mexico, and Santiago, Dominican Republic. The Centers for Disease Control and Prevention's Youth Risk Behavioral Surveillance Survey was administered in the classroom. Chi-square statistics were calculated to compare responses between HIV/AIDS risk and gender. Examples of results revealed that: 1) in La Ceiba, Merida, and Santiago, males reported a significantly higher prevalence of lifetime sexual activity than females, 2) males were also more likely to initiate sexual intercourse at the age of twelve or younger in La Ceiba and Merida, 3) males were significantly more likely to report having four or more partners during their lifetime in La Ceiba and Merida. The findings of this study indicate that prevention aimed at curtailing the early initiation of male sexual activity, and promoting positive attitudes toward condom use could be helpful in this population. Multiple sex partners, another high-risk activity, should also be addressed in future gender-specific programs.

364 THE INTERNATIONAL INDEX OF ERECTILE FUNCTION AND THE INTERNATIONAL PROSTATE SYMPTOM SCORE: IS THERE A CORRELATION?, Sallami Sataa, Tunisia. sataa.sallami@voila.fr.

To determine relationship between erectile function evaluated by the International Index of Erectile Function (IIEF) and obstructive symptoms caused by prostatic hyperplasia (BPH) evaluated by the International Prostate Symptom Score (IPSS). Methods: 100 consecutive patients, who consult for the first time for low urinary trouble symptoms due to BPH before having any treatment, were asked about the intensity of prostatic symptoms and at the same time about their sexual function (IIEF). The mean age was 63,6 years old. Results: Comparing the total scores and separately the seven parameters (questions) of the IPSS and the 15 parameters (questions) of the IIEF: The two total scores are independent. The scores of questions evaluating erection time and its quality (Q2, Q3, Q4 and Q5) increase significantly with the scores of the second, fourth and seventh questions of the IPSS and that evaluate the irritative component ($p \leq 0,01$) Sexual satisfaction (Q7, Q8) is altered because of the quality of sexual intercourse (penetration difficulties) and not directly because of the irritative symptoms ($p > 0,05$). The scores of the others questions (q1, q2, q5, q6) of the IPSS which study the obstructive component have no influence on the sexual function but post-coital pain. Conclusion: Although this study don't reveal a direct relation between the two scores, the irritative component of prostatic hypertrophy seems to be the principal factor altering erection duration and satisfaction.